



FEMALE FORCE OF FARMING

ORGANIZATIONAL MEMBERSHIP

APPLICATION FORM

Please complete in CAPITAL LETTERS in blue or black pen

ORGANIZATION DETAILS

NATIONAL FARMER ORGANISATION <input type="checkbox"/>	WOMEN FARMER ASSOCIATION <input type="checkbox"/>	COMPANY/ COOPERATE <input type="checkbox"/>
FARMER ORGANISATION <input type="checkbox"/>	COMMUNITY CLUB <input type="checkbox"/>	COOPERATIVE <input type="checkbox"/>
OTHER <input type="checkbox"/> <i>Specify</i>		

NAME

ACRONYM

LEADER'S FULL NAME.....

CONTACT DETAILS

ORGANISATION ADDRESS:

WARD DISTRICT PROVINCE. SIZE OF LAND

LANDLINE
CELLPHONE
WEBSITE
EMAIL
FACEBOOK
TWITTER
LINKEDIN
SKYPE
INSTAGRAM

LEGAL STATUS DETAILS

I. TRUST

II. PRIVATE VOLUNTARY ORGANISATION

REGISTRATION NUMBER YEAR OF REGISTRATION

LEGAL STATUS DETAILS

continued

III. CONSTITUTIONAL BOUND

DATE OF SIGNING (attach copy to form)

IV. AFFIDAVIT SIGNED

(attach copy to form)

V. VERBAL AGREEMENT

AGRI-BUSINESS SECTOR (tick applicable)

Aquaculture Horticulture Floriculture Apiculture Viticulture

Hydroponics Herbs Small Grains Animal Husbandry Processing

Packaging Branding Marketing Advocacy

DETAIL

MEMBERSHIP INFORMATION

MEMBERSHIP CRITERIA

NUMBER OF WOMEN FARMER MEMBERS:

ORGANIZATION FARMERS CATEGORIES (tick applicable)

COMMERCIAL COMMUNAL BACKYARD

OTHER

Specify

I certify that the information given in support of this application is true and correct and in the event of any information proven to be inaccurate, the union reserves the right to decline this application without giving reasons thereof.

Signed

Witnessed and approved by (WAU representative)

Date:

Attach certified copy constitution and any other supporting documents