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: +265 (0) 992-891-400

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All correspondence should be addressed to.

FARMERS VOICE AFRICA,

THE SECRETARIAT

Area 5, M1, Off-Bwaila School road,  
Karson House.

P.O Box 2374, Lilongwe.

**FARMERS' SWEAT, FARMERS HOPE, FARMERS' PRIDE!!**

**FARMER**

**MEMBERSHIP APPLICATION/RENEWAL FORM**

Please complete carefully in CAPITAL LETTERS and send it to; **The President, Farmers' Voice Africa, P.O. Box 2374, Lilongwe, Malawi.** Or Email to [info@farmersvoiceafrica.org](mailto:info@farmersvoiceafrica.org)

Members are requested to fill in this membership form in full, annually. The information given will form the basis for service delivery to the affiliated members.

Date ..... ID number ..... ID type .....

**SECTION ONE: GENERAL INFORMATION**

Last name of contact person: ..... First name: .....

Name of Farm/Company/ Institution .....

Position: ..... Other Occupation(s) .....

Region: North  Central  Southern

District: ..... EPA: ..... Zone(T/A) .....

Subzone(Group) ..... Club(Village) .....

Postal address : .....

Telephone : ..... Mobile(s): .....

Email: .....

Date of Joining FAVOA : ..... Date of Renewal .....

Agri-Enterprise description Summary:

.....  
.....  
.....

**SECTION TWO: ASSETS AND PRODUCTION**

**ASSETS UNDER THE FARM/COMPANY**

- 1.
- 2.
- 3.

**SECTION THREE: FAVOA SERVICES**

Do you know the purpose of Farmers' Voice Africa?

- 1. Yes
- 2. No

If yes, what does FAVOA do?

.....  
.....  
.....

What services do you expect from FAVOA?

- 1. ....
- 2. ....
- 3. ....
- 4. ....

Suggestions for improvement of FAVOA service delivery

.....  
.....  
.....

Signature..... Date.....

**SECTION SIX; FOR OFFICIAL USE ONLY**

APPROVED

NOT APPROVED

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FAVOA Regional Coordinator

DATE

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

FAVOA PRESIDENT

DATE