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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!!

STUDENT

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

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: First name:

Institution Campus

Position: Other Occupation(s)

Region: North Central Southern

Home District: Home Village

Residential origin: District Village

Postal address :

Telephone : Mobile(s):

Email:

Date of Joining FAVOA : Date of Renewal

SECTION THREE: FAVOA SERVICES

Do you know the purpose of Farmers' Voice Africa?

1. Yes 2. No

If yes, what does FAVOA do?

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.....

.....
.....
What services do you expect from FAVOA?

1.
2.
3.
4.

Suggestions for improvement of FAVOA service delivery

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.....
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.....

SECTION FOUR

Year of admission to the university/College.....

Program Pursuing.....

Number of Years.....Current Year.....

Residential Origin:.....Guardian Mobile number:.....

Summarise what you intend to be doing after finishing the program, and list any expected Source of funds?

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.....

I declare that the information I have given in this form is true, and am conscious of whatever this may bring.

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

SECTION SIX; FOR OFFICIAL USE ONLY

APPROVED

NOT APPROVED

FAVOA Regional Coordinator

_____/_____/_____
DATE

FAVOA PRESIDENT

_____/_____/_____
DATE