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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 AFFILIATION 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 [membership@farmersvoiceafrica.org](mailto:membership@farmersvoiceafrica.org) or send to +265(0)888028104 through Whatsapp.

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

Date ..... Student ID number ..... National ID number .....

**SECTION ONE: GENERAL INFORMATION**

Student surname: ..... First name: .....

Institution..... Campus.....

Other Occupation(s).....

**HOME/RESIDEENTIAL DETAILS**

Region: North  Central  Southern

District: ..... Area/Town.....

Origin: District..... Village.....

Postal address:.....

Mobile(s): .....

Email(s):.....

Date of Joining FAVOA : .....

**SECTION THREE: FAVOA SERVICES**

Do you know the purpose of Farmers' Voice Africa?

1. Yes  2. No

2. If yes, what does FAVOA do?

.....  
.....

How did you know about FAVOA?.....

What services do you expect from FAVOA?

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

Suggestions for improvement of FAVOA service delivery

.....

.....

.....

.....

**SECTION FOUR**

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

**Program Pursuing**.....

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

**Name of Guardian:**.....

**Guardian/Parent(s) Mobile number(s):**.....

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

.....

.....

**(You may attach the business concept not if applicable)**

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

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

FAVOA Regional Coordinator

DATE

\_\_\_\_\_

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

FAVOA PRESIDENT

DATE