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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.**

**TELL(s) : +265 (0) 212-278-137**

**: +265 (0) 888-498-000**

**: +265 (0) 998-747--330**

**EMAIL(s) :** [***president@farmersvoiceafrica.org***](mailto:president@farmersvoiceafrica.org)

***: info@farmersvoiceafrica.org***

**WEB. :** [**www.farmersvoiceafrica.org**](http://www.farmersvoiceafrica.org)

**FARMERS’ SWEAT, FARMERS HOPE, FARMERS’ PRIDE!!**

**GENERAL FAVOA**

**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/ 998-747-330 through Whatsapp.*

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

ID number……………………………………………………………..ID type……………………………Attach Copy

(National ID recommended)

**SECTION ONE: GENERAL INFORMATION**

Surname: ................................................................... .......................First name: ...............................................................

Business name (If any)……................................................................................…………………………...……………..

If registered, Registration number……………………………………………………………………………………........

**(You may attach the business Certificate if applicable)**

Other Occupation(s)……………………………………………………………………………………………………….

HOME/RESIDEENTIAL DETAILS

Region: North Central Southern

District: .........................................TA………………………….Area/Village………...……………..…………………………….

**Origin**: District…………………….TA………………………….Village………..……………………………………..

Postal address:......................................................................................................................................................................

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

Email(s):...............................................................................................................................................................................

**SECTION THREE: FAVOA SERVICES**

Do you know the purpose of Farmers’ Voice Africa / FAVOA Innovations and Investments Group?

1. Yes 2. No
2. If yes, what does FAVOA do?

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

…………………………………………………………………………………………………………………………….

What services do you expect from FAVOA?

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

Suggestions for improvement of FAVOA service delivery

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**SECTION FOUR**

**MEMBERSHIP CATEGORY**

1. **COOPERATIVE (K1000/Farmer/Year)**

**Entitlements;**

* Advertising
* Accessibility to loans
* Cooperative registration process
* Capacity building trainings
* Advocacy
* Produce marketing links
* Enjoying all FAVOA subsidiaries’ benefits. e.g. FIIG

1. **ORDINARY / INDIVIDUAL MEMBER (K5, 000 / year).**

**Entitlements;**

* Internships
* Job recruitment
* Business plan and management
* Advertising
* Produce marketing links
* Enjoying all FAVOA subsidiaries benefits. e.g. FIIG

1. **DIGNITARY MEMBER (K15, 000, Once)**

**Entitlements;**

* Internships
* Upper hand in Job recruitment
* Business plan and management
* Advertising
* Produce marketing links
* Enjoying all FAVOA subsidiaries benefits. e.g. FIIG
* Free business government Certificate

**Why have you chosen that category above?**

**……………………………………………………………………………………………………………………………..**

**Deposit your membership fee to: National Bank, Farmers’ Voice Africa, 1004848857, Lilongwe Branch, Send the receipt or and the form to Whatsapp: +265 (0) 998-747-330 or Email to membership@farmersvoiceafrica.org**

**(OPTIONAL)**

Are you interested to buy Shares in FAVOA Innovations and Investments Group? Yes………...No……………

If Yes;

How Many Shares do you want start with?................................................................................................(1-5 Shares)

**Bank Account details where your dividends will be deposited annually;**

**Bank name………………………………………………………………………………………………………………..**

**Account Name……………………………………………………………………………………………………………**

**Account Number………………………………………………………………………………………………………...**

**Branch…………………………………………………………………………………………………………………….**

Next of keen Details:

Full Name:………………………………………………………………………………………………………………...

Residential Physical address…………………………………………………………………………………………….

Phone Contacts:………………………………………………………………………………………………………….

Email(s)…………………………………………………………………………………………………………………...

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