



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 or send to +265(0) 0887619337 through WhatsApp. This form can as well be filled online at <http://www.farmersvoiceafrica.org/membership/student-membership>

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.

DateStudent 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.

Suggestions for improvement of FAVOA service delivery

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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?.....
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(You may attach the business concept note if applicable)

Deposit your non-refundable membership affiliation fee of K1500 to the following details:

National Bank. Account #; **1004848857**. Account name; Farmers Voice Africa (FAVOA)

FDH. Account #; **1980000046367**. Account Name; Farmers Voice Africa (FAVOA)

Airtel money: **0998637139**, Mpamba Merchant Acc #: **600445**. Name: Farmers Voice Africa (FAVOA)

Attach the proof of payment bearing applicant's name or WhatsApp it to 0887619337 / 0998747330

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 Partnership Director

DATE

FAVOA PRESIDENT

DATE