

AFFILIATION FORM

INCOMPLETE INFORMATION WILL RENDER YOUR APPLICATION UNSUCCESSFUL

PERSONAL DETAILS

1. TITLE (MR /MRS/MISS/DR./PROF):
2. NAME (SURNAME FIRST)
.....
3. DATE OF BIRTH: ...DD...../.....MM...../.....YY.....
4. GENDER:
5. CONTACT NO.:
6. EMAIL:
7. RESIDENTIAL ADDRESS:
.....
8. POSTAL ADDRESS:
9. NATIONALITY:
10. MARITAL STATUS:
11. NATIONAL ID:
12. ID NUMBER:
13. LAST EDUCATIONAL INSTITUTION ATTENDED:
14. CERTIFICATION:
15. OCCUPATION:

Passport picture

*Attach a copy of any valid National ID card to the forms

**Student affiliates should attach a copy of their students ID card/ letter of admission to the forms



MEMBERSHIP TYPE AND PAYMENT DETAILS:

MEMBER TYPE	DESCRIPTION	SUBSCRIPTION RATE (monthly) (GH¢)	PLEASE CHECK
MEMBER	Form the quorum of the organization's corporate capacity after a year of successful Affiliation	20.00	
STUDENT AFFILIATE	Affiliate membership is open to all who want to join AGRI-WEB and is the first step of membership. All affiliates can share in all functions of the organization but shall not have voting rights	5.00	
PREMIUM AFFILIATE		10.00	

DECLARATION:

I hereby confirm that the above documented information is true and correct to the best of my knowledge. Having read and understood the constitution of AGRI-WEB, I agree to abide by all rules and promote the functions and vision of the organization. I affirm that my failure to abide by these rules make me liable to suspension or revocation of my membership privileges.

NAME.....

DATE.....

SIGNATURE.....

FOR OFFICIAL USE

Application Form Number:

Membership Number:

Application received on (DATE):

Application received by: NAME:

SIGNATURE

The Executive Council in its meeting held on has unanimously / by majority are in favour / not in favour of the application hence accepted / rejected the application of affiliation.

Signed:

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CHAIRMAN

SECRETARY