

WoFaAK MEMBERSHIP APPLICATION FORM

Please note that all personal information will be treated in strict confidence.

Applicants details

First Name/s:	Middle Name	Last Name:
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Position held in the Group	
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Membership Category Applied For *(tick appropriately):*

1. Individual Woman Farmer/Champion/Professional/Agri-prenuers
2. Community Based Organization
3. Women Farmers Groups
4. Local NGO
5. Young Women Farmers (Youth)
6. People Living positively
7. 4K clubs/School

Date of Application:

CONTACT DETAILS:

Physical Address (Bldng. Plot No., Ward, Sub-County, County):

Address:	Tel:
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Email:	Mobile:
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Details: *(Please continue on a separate sheet, if necessary)*

Group/Institution/Organization Name	Activities <i>(At least 3 main activities)</i>	Date of Registration & Reg. No.	Registered By: <i>(e.g. Social Services, Cooperative etc)</i>	No. Of Members

Attach a copy of list of members; (Typed) with ID and Tel numbers in this format

No.	Name	ID. No.	Tel.
1.			
2.			

MEMBERSHIP/AFFILIATION TO OTHER ORGANIZATIONS: *(Please continue on a separate sheet, if necessary)*

No.	Organization/s	Year Membership enrolled
1.		
2.		

Sign:	Chairperson	
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DECLARATION: *I certify that the facts given in this form are true to the best of my knowledge.*

Name	Position:
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Signed:	Date:
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For official use only

Approval

Chairperson	Sign:		Date:	
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Narrative:

Not approved

Narrative:

Official rubber stamp and CEO's signature

Category	Membership Fee (Kshs)	Annual Subscription
Individual woman farmer (Champion/ professional/ Agri-prenuers)	10,000	7,500
CBOs	5,000	4,000
Local NGO's	15, 000	10,000
Women Farmer Groups	5,000	3,000
People living positively	3,000	2,000
Young Women farmers(Youth)	5,000	3,000
4K clubs/Schools	1,000	500

Bank Details

Account Name: WoFaAK

Bank: Kenya Commercial Bank

Branch: Moi Avenue

Account No. 1219302163