



UGANDA NATIONAL FARMERS FEDERATION

MEMBERSHIP APPLICATION FORM

1. Name of your organization

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2. Date of formation of your organization

3. Date of registration of your organization

4. Full Address:

Physical address:

Postal Address:

Telephone(s)

Fax:..... Email:.....

Website

5. Objectives of your Origination 9AS PER Memorandum and article of Association/Constitution)

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6. Number of Members of your Organization:

(i) Adult Male

(ii) Adult Female

(iii) Youth Male.....

(iv) Youth Female.....

7. Reasons for seeking Membership:

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8. Names of the Executive Committee of your Organization and their designations

| Name | Designation |
|-------------|--------------------|
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9. Types of Membership desired (please tick one in space provided)

Ordinary

Associate

10. Main sources of funding for your Organization

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11. Please enclose the following:

- a) Relevant Resolution of your Board seeking Membership of UNFFE
- b) Your Organization's Memorandum and Articles of Association/Constitution
- c) Your Company Certificate of Registration
- d) By-Laws, if any
- e) Your Organizations' latest Audited Accounts
- f) Brief outline of your Organization's main activities

Please forward the above documents together with the completed form to:

The Chief Executive Officer
Uganda National Farmers Federation
Plot 27, Nakasero Road
P O Box 6213, KAMPALA
Tel: +256-414-230705

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CHAIRMAN/DIRECTOR

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SECRETARY/CHIEF EXECUTIVE OFFICER

DATE:.....

DATE:.....