MEMBERSHIP APPLICATION FORM

1. FARMER INFORM Name:	_		
District			Parish
Contact numbers: Ho	ome	Cell	Cell
E-mail address:			
Additional contact: Name			Tel. #
Membership/register	red: JAS Co-op	RADA □ P.M.O □ Citizen	Association Other
Do you hold a leadership position/role in any of these organizations? Yes \Box No \Box			Yes □ No □
If yes, please state th	e organization and titl	e of the position held	
2. To BE COMPLET Farm Name/Title:	_		
Farm Address:			
Total size of farm in acres:Total Acreage of cocoa:		ge of cocoa:	
Number of years in o	peration:		
Number of employee	es: Full time	Part time	Total
Cocoa Coconut	•		Y PLACING A TICK) e □ Other□
	el last year:		duction level: boxes
5. Assistance nei	EDED		
Please indicate farm Financing □ Training		entation/lobbying □ Manage	ement support Other
Should your informat	ion be given out to po	tential business partners?	Yes □ No □
Signature of Applic	ant:	D	Pate:
All information p	rovided is confidential and	is intended for the Jamaica Cocoa F	Farmers' Association use only.
FOR OFFICIAL USE ON	LY		
Approved by			
		d	