Membership Form - COW Project

Applicant's Info

Name:. _____

Address:. _____

Mobile Nr:. _____   ID Nr:. _____

Date of Birth:. _____   Village:. _____

Sub-Location:. _____   Location:. _____

Sub-County: . _____   Occupation:. _____

FOR OFFICIAL USE

Type of membership applied for (please tick the relevant box)

☐ Donor/Advisory   ☐ (Self-Help) Group or Partner Org.

☐ Active Member (Farmer)   **Membership Nr:.** _____

Any other important information:

_____

_____

I/we, the undersigned hereby certify that the information given above is correct. I/we agree to abide by the Rules & Constitution of the COW Project.

Date:. _____   Signature:. _____

Approved By:_____

Signature:._____