



AGRICULTURAL COUNCIL OF KENYA (AgCK) **MEMBERSHIP APPLICATION FORM**

Please note that all personal information will be treated in strict confidence			
Applicants details			
Name of the Organization:		Year Registered:	Current No. of Members:
Name of Person Making the Application:		Position within the organization:	
Date of the Application:		Date the Applicant's Board/ Director(s) Approved to Join AgCK:	
Membership Category Applied For (<i>tick one</i>):			Mandate of the Applicant:
No.	Category	Sub-Category	
1.	Producer/Farmers Organization	National/Apex Producers Organizations	
		Commodity Based Organization	
		Cooperatives/ Cooperative Unions	
		General Producers Organization/Company	
2.	Inputs Providers	Apex Inputs Providers Association	
		Inputs Manufacturer	
		Inputs Supplier	
3.	Marketers	Marketing Association	
		Marketer/Trader/Exporter/Aggregator	
4.	Processor	Processors' Association	
		Local/National	
		Multi-National	
5.	Knowledge and Skills Providers	Knowledge and Skills Providers Association	
		Academia	
		Researchers	
		Extension Services Provider	
6.	Financiers	Financier Networks/Associations	
		Bank	
		MFI	
7.	Media	Media Network/Association	
		Media House	
8.	Special Interest	Women Organization	
		Youth Organization	
		Minorities/Indigenous Organization	
		PLWD Organization	
9.	Civil Society	Civil Society Network/Association	
		Local NGO	
		International NGO	
		FBO/CBO	
		Development partner	
Geographical coverage of the Applicant:			Main Activities (Specify):
CONTACT DETAILS:			
Physical Address(Bldng, Plot No., Ward, Sub-County, County):			
Address:		Tel:	
Email:		Mobile:	
DECLARATION: <i>I certify that the facts given in this form are true to the best of my knowledge.</i>			
Name		Position:	
Signed:		Date:	
For official use only			
Approval Status:			
Comment:			
Chairperson's Signature		Date and Stamp:	