EASTERN AFRICAN FINE COFFEES ASSOCIATION

MEMBERSHIP APPLICATION FORM

COMPANY/ORGANISATION INFORMATION:

- Name of applicant (company / organisation): _____
- Name and position of contact person: _____
- Physical address: _____
- Postal address: _____
- Telephone number: (country code, area code and number) _____
- Fax number: (country code, area code and number) _____
- E-mail address: _____
- Line of business or activity: _____
- For corporate body, state date of incorporation or of commencement of business: _____

Applicant's signature: _____ Date: _____

ADDITIONAL INFORMATION:

- How did you hear about us? Please, tick one.

___ Direct mail / post ___ Industry event ___ Website ___ E-mail broadcast ___ Friend

___ Trade press ___ Other (specify) _____

- Did a current EAFCA member refer you to our association? YES / NO
  If "YES", please indicate the member's name and company: _____

MEMBERSHIP FEES:

- ANNUAL Membership – **USD. 500**. Entitles you to 12 full months of benefits starting from date of receipt of payment.
- TERM Membership – **USD. 1200**. Entitles you to 3 full years of benefits starting from date of receipt of payment.
  (Please include an additional USD. 20 for bank charges)

PAYMENT MODE: Please, tick below as appropriate.

☐ **Citibank Uganda Limited In Favour of Eastern African Fine Coffees Association A / C no. 0100071029, Swift code CITIUGKA**
Corresponding Bank: Citibank N.A. 111 Wall Street, 19th Floor, NY, NY 10043, USA ABA no. 021000089, Swift code: CITIUS33

☐ CROSSED CHEQUE IN FAVOUR OF EASTERN AFRICAN FINE COFFEES ASSOCIATION

☐ CASH

☐ CREDIT CARD: __ VISA __ MASTERCARD **(Please, tick one)**

AMOUNT TO BE CHARGED: USD. _____ NAME (AS ON CARD):_____

CARD NUMBER:																

Expiry Date: ____ / ____

AUTHORIZED SIGNATURE: _____

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