

TANZANIA ORGANIC AGRICULTURE MOVEMENT

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MEMBERSHIP APPLICATION FORM

Please fill in your details below and return to the TOAM office at the above address.

Name of Organization/Company/Group/Individual: _____

Name of contact person representing the organization or group:

Physical and postal address:

Telephone Number: _____

Fax Number: _____

E-mail: _____

Website: _____

Indicate the organic sector your organization is involved in (please tick):

Producer	<input type="checkbox"/>	Location	_____
Processor	<input type="checkbox"/>		_____
Trader	<input type="checkbox"/>		_____
Exporter	<input type="checkbox"/>		_____
Consumer	<input type="checkbox"/>		_____
Trainer	<input type="checkbox"/>		_____
Researcher	<input type="checkbox"/>		_____

Others (*specify*): _____

Declaration:

I, (*put name of organization if applicable*) _____

agree to strive to uphold the objectives and regulations as stipulated within the TOAM Constitution.

Full Name: _____

Signature: _____

Date: _____

Official stamp of the Organization (if applicable):

Note for fee to be paid (given below):

Membership fee (in TShs) per selected category:

Category	Ordinary member		Associate member		Life member	
	Entry	Annual	Entry	Annual	Entry	Annual
Individual	30,000	50,000	50,000	75,000	100,000	300,000
Group	50,000	100,000	65,000	150,000	150,000	300,000
Institution/ Company	100,000	200,000	150,000	250,000	250,000	750,000

Please indicate the category of your membership:

How did you know about TOAM?

Payment can be made through a **bank transfer to CRDB Bank Ltd at TOWER Branch in Dar es Salaam to account number 01J1043011900**. Please scan the pay in slip and send through the email address above.

A duly filled application should be returned to the TOAM office through the address given above. Thank you.