

# FARMER'S MEMBERSHIP APPLICATION FORM

Please complete in CAPITAL LETTERS in blue or black pen



**W.A.U**  
Women in Agriculture Union

**FEMALE FORCE OF FARMING**

## PERSONAL DETAILS

TITLE(tick applicable) MISS ☐ MS ☐ MRS ☐

NAME(S): .....

SURNAME: .....

NATIONALITY: ..... DATE OF BIRTH: .....

ID DETAILS:.....

RESIDENTIAL ADDRESS .....

CELL NUMBER(S) ..... EMAIL .....

OTHER CONTACTS .....

ATTACH  
PASSPORT SIZED  
PHOTOGRAPHY  
(COMPULSORY)

## SOCIAL LINKS

FACEBOOK .....

LINKEDIN .....

INSTAGRAM .....

TWITTER. ....

OTHER .....

## FARM DETAILS

FARM LOCATION: .....

WARD ..... DISTRICT ..... PROVINCE. .... SIZE OF LAND .....

## FARMING CATEGORY DETAILS

COMMERCIAL ☐ COMMUNAL ☐ BACKYARD ☐ OTHER (Specify) .....

## AGRICULTURAL LAND OWNERSHIP DETAILS (tick applicable)

OWN ☐ RENTING ☐ SPOUSE'S ☐ COMMUNAL/  
VILLAGE ☐ FAMILY  
INHERITANCE ☐

OTHER (Specify) .....

## FARMING SECTOR (tick applicable)

Aquaculture ☐ Horticulture ☐ Floriculture ☐ Apiculture ☐ Viticulture ☐ Hydroponics ☐

Herbs ☐ Small Grains ☐ Animal husbandry ☐ OTHER (Specify) .....

Output Per Year .....

## FARMER ORGANIZATION AFFILIATION DETAILS

### I. NATIONAL FARMER ORGANIZATION MEMBER

Zimbabwe Farmers Union (ZFU) ☐

Gender desk leader .....

Zimbabwe Commercial Farmers Union (CFU) ☐

Gender desk leader .....

### II. WOMEN'S FARMING ASSOCIATION ☐

Name .....

Contact/ Chairperson .....

### III. COMMUNITY COOPERATIVE GROUP ☐

Name .....

Contact/ Chairperson .....

### IV. MARKET GARDENING CLUB ☐

Name .....

Contact/ Chairperson .....

### V. SACCO/MUKANDO GROUP ☐

Name .....

Contact/ Chairperson .....

### VI. OTHER ☐ Specify .....

Name .....

Contact/ Chairperson .....

## BIOGRAPHY AND AREA OF EXPERTISE (describe yourself and your farming experience in short)

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I certify that the information given in support of this application is true and correct and in the event of any information proven to be inaccurate, the union reserves the right to decline this application without giving reasons thereof.

Signed (farmer) .....

Date: .....

Witnessed and approved by ..... (WAU representative)

Attach certified copy ID and any other supporting documents