

TANZANIA COTTON ASSOCIATION

P.O. BOX 1672
MWANZA

TEL: +255 (28) 2500203
Email: tca@tca.co.tz

APPLICATION FORM FOR MEMBERSHIP

No.

I/ We hereby apply for a membership of the Tanzania Cotton Association I/ We confirm that we will abide by the Constitution and the Rules and regulations of the Tanzania Cotton Association.

Name of Applicant: _____

Postal Address: _____

Place of Registered Office: _____

Telephone Number: _____ Fax. No. _____ Email: _____

Name of Ginnery: _____ Ginnery Licence Number: _____

Certificate of Registration No: _____ VATNo: _____

Type of Member	(i)	Cotton Farmer	<input type="checkbox"/>
(please Tick)	(ii)	Cotton Ginner	<input type="checkbox"/>
	(iii)	Oil Miller	<input type="checkbox"/>
	(iv)	Cotton Lint Exporter	<input type="checkbox"/>
	(v)	Other (please specify)	<input type="checkbox"/>

I /We the Directors \ Partners \ Proprietors for and on behalf of the above named applicant confirm that we will abide by the constitution, rules and regulations and fully participate in the crop development activities of Tanzania Cotton Association.

I /We confirm that in the event I/ we fail to abide by the constitution, rules and regulations and fully participate in the crop development activities of Tanzania Cotton Association our clearance licence will be suspended with immediate effect.

Name: _____ Name: _____

Designation: _____ Designation: _____

Signature: _____ Signature: _____

OFFICIAL USE ONLY

Application No: _____

Passed \ Rejected by the Executive Committee on _____

Comments _____

(1) Signature _____

Name of

Signing Officer _____

(2) Signature _____

Name of

Signing Officer _____

(3) Signature _____

Name of

Signing Officer _____

(4) Signature _____

Name of

Signing Officer _____

Passed\Rejected by the General\Extra Ordinary Meeting on _____

Comments _____

(1) Chairman's Signature: _____

(2) Secretary's Signature: _____