



## FARMGATE COCOA ALLIANCE MEMBERSHIP FORM

### ORGANIZATION DETAILS

Name of applicant: \_\_\_\_\_  
(as registered with the Chamber of Commerce)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Website: \_\_\_\_\_  
Type of organization: \_\_\_\_\_

(Farmers Umbrella Organization/Cooperative/NGO/CSO End Consumer  
Organizations/Associations/ etc.)

### \* APPLICANT CONTACT PERSON

Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Start date of your financial year: \_\_\_\_\_  
Annual turnover: \_\_\_\_\_  
(based on your accounting statement for the last closed financial year)

**REASONS FOR JOINING:** please outline your interest in becoming a member

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### DOCUMENTS

FWF must receive the following documents with your application package:

- Actual role in the supply chain \* mandatory
- Copy of legal registration or number \* mandatory

\* mandatory

- Potential Member must meet the requirements and conditions described in 1.2 and 1.5 of this Information Document.

**DATE OF APPLICATION:** \_\_\_\_\_  
**SIGNATURE:** \_\_\_\_\_

**Notice:** Please after completing the form, kindly mail to us at [membership@cocoa-alliance.org](mailto:membership@cocoa-alliance.org)