



**Application form for membership of PhytoTrade Africa
The Southern African Natural Products Trade Association**

1. Category of Membership applied for (*please delete inapplicable*)

Corporate Membership: any corporate body, having a legal identity as such, whether governmental or non-governmental, trading or non-trading, profit-making or non profit-making

Individual Membership: individuals

2. Full name and address of Applicant

If you are applying for corporate membership please answer the following questions:

3. What is your legal status and in which country is your organisation registered (e.g. are you a company, a legally registered NGO, an international agency etc.)?

4. Please provide a profile of your shareholders and Board, and a list of countries in which you have offices or representatives.

5. Please provide the following details for the organisation that is applying for membership: annual income and number of employees.

6. Please provide a breakdown of your annual income into the following categories (where possible):

International Export Sales:
Regional Export Sales:
National Sales:
Services:
Grants:
Other (please specify):

For both Corporate and Individual applicants, please answer the following:

7. What is your organisation's mission statement (or, if you are an individual, what is your profession)?

8. Are you currently engaged in any of the following activities (please delete inapplicable sections)?

Supporting rural producers in the natural products industry	Y/N
Research and development of natural products	Y/N
Production and/or processing of natural products	Y/N
Trade in natural products	Y/N

If the answer to any of the above is yes, please describe below the natural products with which you are currently working (including the species from which they are derived) and any other details you might consider pertinent?

9. List up to two of your organisation's main achievements during the last two years

10. What are your interests and objectives in applying for PhytoTrade Africa membership?

11. Please describe how your organisation will help further the Mission of PhytoTrade Africa:

12. What are the main benefits you hope to receive by becoming a member of PhytoTrade Africa, which of the services will be of most benefit to you?

13. Please state your willingness to sign up to the members charter which will oblige you and your organisation to abide to Fair Trade and Environmental Sustainability objectives.

14. How did you find out about PhytoTrade Africa?

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15. Have you ever interacted with any current PhytoTrade Members? If you have, please list the members.

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16. Contact Person (for institutional applicants)

a. Who is the Chief Executive of your organisation?

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b. Who will be the designated PhytoTrade contact person within your organisation?

Name	
E-mail	
Tel	
Fax	

17. Please include below any further information you think might be relevant in supporting your application.

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18. Authorisation

I, *(insert your name here)*, being a representative of *(insert the applicant's name, if different, here)* and being duly authorised to sign on behalf of the same, do hereby declare that all the information contained in this application is correct, and that the applicant has read, understood and accepts the objectives and operating principles of PhytoTrade, as set forth in its constitution and accompanying Charters, Agreements and Codes of Conduct.

Name	
Date	

Referees

Please give the **NAMES, EMAIL ADDRESSES** and **PHONE NUMBERS** of **three** contactable referees who will support your application. Referees should be chosen to provide independent evidence of:

- good character of applicant (in the case of Individual applicants),
- solid trading/research/academic/technical background of applicant,
- Fair Trade and environmental 'credentials' of applicant, and previous business/trading history (where applicable).

Please note that PhytoTrade will contact all referees.

Referee 1:

Name:
Organisation:
Email Address:
Contact Tel/Fax Nos:

Referee 2:

Name:
Organisation:
Email Address:
Contact Tel/Fax Nos:

Referee 3:

Name:
Organisation:
Email Address:
Contact Tel/Fax Nos: