



Safe Food and Feed Foundation

SAFE FOOD AND FEED FOUNDATION

08033709492

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www.sfoodfeedf.org



MEMBERSHIP FORM

Name (*surname first*) : _____

Gender : _____

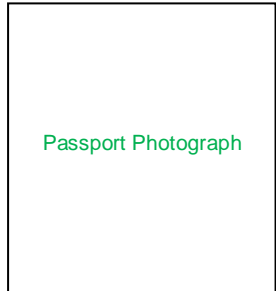
Date Of Birth : _____

Contact Address : _____

Place Of Work (*if different from above*) : _____

Contact Phone (*GSM*) : _____

Qualifications with dates and institutions/specialisation



In which area do you wish to contribute? (*please tick box*)

- Awareness campaign/Publicity
- Training of farmers (crop and livestock) /traders and exporters
- Fund raising/Grant sourcing
- Research linkages/Capacity building
- Others

Please State : _____

Signature

Date

Comments (*official use only*)

