

**Attach Photo Here** 

## **MEMBERSHIP INFORMATION FORM**

Name of Grower/Member		
Gender of the Grower	Female	Male
	Tick	Tick
Membership Category		
Organization / Company		
Telephone Contact(s)		
Postal Address		
E-mail Add <mark>ress</mark>		
Location of the Plantation (District, Sub County, Village & CFR)		
Size of the Plantation (ha)		-
Spe <mark>cies Planted and Age</mark>		$-\Delta$
Number of employees		Gender (Numbers)
Limo	nda Timbar Craw	Male Female
Land ownership	nda Timbel Grow	LI S. A.SSUCIATION
Activities if Not Tree Planting		
Year of Joining UTGA		
SPGS Supported or Not		
Have you / your Manager Attended any Training on Forestry Operations?		
If Yes Please Specify?		

What is your key interest in utga	
How did you learn about UTGA?	
Subscription Amount Payable	
Next Renewal	
Signature and Date	