



AFCA Membership Application Form

3661101	ri. Compang,	Organi	ารสนาบทา	mormation		
Name of <i>I</i>	Applicant (Comp	any/Org	anization):	:		
	your company/org ip certificate and i			you would like it to appo materials.	ear on your	
Company	/Organization Ad	ddress:				
Company	/Organization Co	ountry:				
Website:						
□ Exporter, □ Producer, □ Coffee Shop, □ Roaster, □ Support Organization, □ Government Body, □ Service Provider, □ Packaging/Machine Manufacturer, □ Financial Services, □ Trade Association, or □ Other Please select only one option. Please attach a high resolution logo of your company/organisation when submitting this application form.						
Sectio	n II: Contact	Inform	ation			
Primary (Contact Name:					
Primary (Contact Email: $ig[$					
Primary (Contact Phone:					
Section III: Additional Information						
_	ou hear about A iend, □ Trade Pre			bsite, □ Social Media, □	ı Industry	
Did a current AFCA member refer you to our association? □ Yes □ No						

Section IV: Payment

Officer, at phiona.mbabazi@afca.coffee.

Please select your preferred member	ership type:					
□ Annual Membership: US\$500.00	Sito.					
This entitles you to one full year of benefits.						
□ Term Membership: US\$1,200.00	av.					
This entitles you to three full years of be	netits.					
	ne via credit card or via telegraphic wire ship will not be finalized until payment is od of payment:					
□ Credit Card	□ Wire Transfer					
https://payments.pesapal.com/afca Please include a 3.75% transactional fee for bank charges.	Name: African Fine Coffees Association Address: P.O. Box 27405, Kampala, Uganda Bank Name: Standard Chartered Bank Uganda Limited Account No: 8702887196701 (\$US) Bank Address: P.O. Box 7111, Kampala, Uganda Plot 5 Speke Road Branch SWIFT Code: SCBLUGKA Please include a \$25 bank fee.					
Section V: Consent						
	anization bio and/or contact details for his information on the AFCA website)					
□ Yes □ No						
	anization bio and/or contact details for his information on the AFCA website)					
□ Yes □ No						
I certify that all the information proceeds complete, and accurate to the best of						
Applicant Signature:						
Date:						
Please complete and return this for	— m to Phiona Mbabazi, Membership					