



# MEMBERSHIP APPLICATION FORM

Imbewu Farmers Network

Application Reference No: \_\_\_\_\_ Date Received: \_\_\_\_\_

**INSTRUCTIONS:** Please complete all sections of this form in BLOCK LETTERS. Incomplete applications will not be processed. All information provided will be treated as confidential.

## SECTION 1: MEMBERSHIP TYPE SELECTION

<input type="checkbox"/>	<b>BASIC MEMBERSHIP</b> For new and emerging farmers, smallholders	R750/year
<input type="checkbox"/>	<b>PROFESSIONAL MEMBERSHIP</b> For established individual farmers	R3,500/year
<input type="checkbox"/>	<b>PREMIUM MEMBERSHIP</b> For large-scale commercial farmers	R8,500/year
<input type="checkbox"/>	<b>COOPERATIVE/ASSOCIATION</b> For cooperatives (up to 50 members)	R12,000/year
<input type="checkbox"/>	<b>CORPORATE MEMBERSHIP</b> For agribusinesses and service providers	R25,000/year

## SECTION 2: APPLICANT INFORMATION

**Individual / Organisation Name**

Title (Mr/Mrs/Ms/Dr):	Full Name / Trading Name:
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Surname / Organisation Name:	ID Number / Registration Number:
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Date of Birth / Date of Registration:
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**Contact Details**

Mobile Number:	Alternative Number:
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Email Address:	WhatsApp Number:
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**Physical Address**

Street Address / Farm Name:
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Suburb / Area:	City / Town:
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Province:	Postal Code:
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**Postal Address (if different from above)**

Postal Address:
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**SECTION 3: FARM / BUSINESS INFORMATION**

Farm / Business Name:	Farm Size (hectares):
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Farm Location (GPS Coordinates if available):	Years in Farming:
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**Land Ownership Status (Tick applicable)**

Communal

Governm

**Primary Farming Activities (Tick all that apply)**

Horticulture

**Farming Classification**

Commercial Farmer

Number of Employees / Workers:
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Estimated Annual Turnover (Optional): R _____
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## SECTION 4: MEMBERSHIP INTERESTS & EXPECTATIONS

What are your primary reasons for joining IFAN? (Tick all that apply)

<input type="checkbox"/> Access to training and education	<input type="checkbox"/> Networking with other farmers
<input type="checkbox"/> Market access and selling produce	<input type="checkbox"/> Access to funding information
<input type="checkbox"/> Technology and innovation	<input type="checkbox"/> Bulk purchasing discounts
<input type="checkbox"/> Advisory and mentorship services	<input type="checkbox"/> Partnerships and collaborations
<input type="checkbox"/> Other: _____	_____

Training Topics of Interest (Tick all that apply)

<input type="checkbox"/> Crop production	<input type="checkbox"/> Livestock management	<input type="checkbox"/> Climate-smart agriculture
<input type="checkbox"/> Soil health	<input type="checkbox"/> Water management	<input type="checkbox"/> Pest & disease management
<input type="checkbox"/> Farm business management	<input type="checkbox"/> Financial planning	<input type="checkbox"/> Market access
<input type="checkbox"/> Technology and AI	<input type="checkbox"/> Mechanisation	<input type="checkbox"/> Organic farming
<input type="checkbox"/> Value-added products	<input type="checkbox"/> Export requirements	<input type="checkbox"/> Other: _____

Would you be interested in selling your produce on the IFAN marketplace?

No

Maybe in

## SECTION 5: REFERENCES (Optional but Recommended)

Please provide details of two references (preferably other farmers or agricultural professionals):

Reference 1:

Full Name:	Organisation / Farm:
Contact Number:	Email Address:
Relationship to Applicant:	

Reference 2:

Full Name:	Organisation / Farm:
Contact Number:	Email Address:
Relationship to Applicant:	

## SECTION 6: EMERGENCY CONTACT

<b>Full Name:</b>	<b>Relationship:</b>
<b>Contact Number:</b>	<b>Alternative Number:</b>

## SECTION 7: PAYMENT INFORMATION

### Preferred Payment Method

<input type="checkbox"/> Annual Payment (5% discount)	<input type="checkbox"/> Bi-Annual Payment (2 installments)
<input type="checkbox"/> Monthly Payment (12 installments + R50 processing fee)	

### Payment Method

Cash (at office)

Proof of Payment Reference Number (if already paid):

## SECTION 8: COMMUNICATION PREFERENCES

How would you prefer to receive communication from IFAN? (Tick all that apply)

WhatsApp

Phone C

### Preferred Language

isiXhosa

## SECTION 9: CONSENT & DECLARATIONS

I declare that all information provided in this application is true and correct to the best of my knowledge.

I have read and agree to abide by the IFAN Code of Conduct and membership terms and conditions.

I understand that membership fees are non-refundable.

I consent to IFAN storing and processing my personal information in accordance with POPIA (Protection of Personal Information Act).

I agree to receive communications from IFAN regarding membership, events, training, and opportunities.

I give permission for my farm/business to be listed in the IFAN member directory (name and location only).

I understand that I can withdraw my consent at any time by contacting IFAN in writing.

## SECTION 10: SIGNATURE & DATE

<b>Applicant Signature:</b> _____	<b>Date:</b> _____
<b>Full Name:</b> _____	<b>Position (if applicable):</b> _____

**FOR OFFICE USE ONLY**

Application Approved:  Yes  No  
 Membership Number: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 Approved By: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**HOW TO SUBMIT YOUR APPLICATION**

**Email:** membership@imbewufarmers.co.za (scan and attach completed form + ID copy + proof of payment)  
**In Person:** Block C, Farming Innovation Hub, 142 Hillfox Street, Pretoria West, Pretoria  
**Post:** P.O. Box 25847, Monument Park, 0105, Pretoria

**For Enquiries:** Tel: +27 (0)12 345 7890 | Mobile: +27 (0)82 456 7890

*Processing time: 48 hours from receipt of complete application and payment*