

Reference:

Date:

**APPLICATION FOR MEMBERSHIP WITH THE AFRICAN RURAL AND
AGRICULTURAL CREDIT ASSOCIATION (AFRACA)**

I/We herewith apply for Membership with the African Regional Agricultural Credit Association (AFRACA) to become:

Ordinary Member (1)

Associate Member (2)

and enclose the admission fee and annual membership fee for the year 20.....

Name: _____

Address: _____

Telephone, Fax and E-mail Address:

Name and Title of Head of Institution:

Signature: _____

Please return the application to:

AFRACA Secretariat
P.O. Box 41378 GPO Nairobi, Kenya
Cables: AFRACA NAIROBI
Fax: 254-20-2710082
Tel: 254-20-2717911/2715991
E-mail address: afraca@africaonline.co.ke