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|  | **AFRICAN CROP SCIENCE SOCIETY**  **MEMBERSHIP APPLICATION FORM** |



1. Family Name:
2. First Name:       Male Female
3. Postal Address:       Country:
4. Telephone Number:       Fax:
5. E-Mail:
6. Academic Qualifications

|  |  |  |  |
| --- | --- | --- | --- |
|  | Major Subject(s) | College/University | Year |
| Bachelor |  |  |  |
| Master |  |  |  |
| Doctor |  |  |  |
| Other |  |  |  |

1. Supply the full information from your previous experience until the present date of your application.

|  |  |  |  |
| --- | --- | --- | --- |
| From  Year | To  Year | Employment sector | Your role at the institution |
|  |  |  |  |
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1. My **annual membership fee** (according to the category below) for the first year is enclosed.

$20 for student $50 for professional scientists in Africa $100 for international scientists

1. Mode of payment (please tick as applicable)

Cheque\* Bank deposit\* Wire transfer

\* acceptable only for Uganda

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Bank cheque or deposit** | | | | **2. Wire transfer** | | | |
|  |  |  |  |  |  |  |  |
| Amount |  |  |  | Amount |  |  |  |
| Cheque# |  |  |  | Transfer# |  |  |  |
| Deposit# |  |  |  | Deposit# |  |  |  |
| Dated |  |  |  | Dated |  |  |  |
|  |  |  |  |  |  |  |  |

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| **Bank Details**  Bank Name: Barclays Bank (U) Ltd, Account Name: African Crop Science Society/Journal,  Account Number: 034-4000174, Swift code: BARCUGKX, Branch: 16 Kampala Road  Bank Address: P.O. Box 7101 Kampala, Uganda |
| **Please confirm the payment by faxing or e-mailing the payment detail to Dr John Tenywa, Editor of the African Crop Science Journal**  **Fax: 256-414-531641 email:** [**acsj@agric.mak.ac.org**](mailto:acsj@agric.mak.ac.org) |

1. DECLARATION. I hereby declare that the information provided above is correct, I agree to abide by the rules of the ACSS and I will, to the best of my ability, promote the aims and objectives of the Society.

Date:  / /  Signature:

1. PROPOSAL. I, the undersigned member of the African Crop Science Society, support the application of

Name:       Address:

FOR OFFICE USE: Date of Council meeting:

Remarks:

Signature of President:

|  |
| --- |
| **PS: AFTER COMPLETION, PLEASE SEND TO:**  Dr John Tenywa, Editor of the African Crop Science Journal  Email: [acsj@agric.mak.ac.org](mailto:acsj@agric.mak.ac.org) |