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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.

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| --- | --- | --- | --- |
| 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

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| **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 RoadBank 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** |

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:

|  |
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| **PS: AFTER COMPLETION, PLEASE SEND TO:**Dr John Tenywa, Editor of the African Crop Science JournalEmail: acsj@agric.mak.ac.org |