



Raiball House (Top Floor)
 Next to Amina House
 Off Paul Kagame Road
 Area 4, Lilongwe City

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 Cell: +265 995 559 791
 +265 884 024 277

Membership Registration Form

Section 1: PERSONAL PARTICULARS

Surname: First Name:

Age: Gender: (Male Female):

Current Place of Residence (District and Area):

Current Postal Address:

.....

Permanent Physical and Postal Address:

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Email Address: Contact Numbers:

Section 2: ACADEMIC BACKGROUND

Academic Qualification	Institution Obtained	Year Obtained

ACADES Malawi-Promoting opportunities that support, connect and grow the youth in agribusiness

Section 3: AGRIBUSINESS INFORMATION

Describe the agribusiness venture that you are currently undertaking

- Crop Production Livestock Production Agro-processing
- Agro-transportation Trading Supplying Agro-inputs
- Other (Please Specify)

Place where you are doing agribusiness:

Briefly describe your current agribusiness enterprise

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If you are not currently involved in agribusiness, what agribusiness enterprise do you intend to venture into?

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Why do you want to join ACADES?

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NOTE: Complete this Membership Registration Form and submit it to ACADES Office or scan and email it to info@acadesmalawi.com. For further inquiries, please forward your query call:

+265 995 559 791 or visit our website www.acadesmalawi.com

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