**Membership Application Form.**

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| 1. Name of the Organization/Company/Individual (In full) and Address:  Director: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: ­­­­­­­­­­­­­­­­­­­­-\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tel.: Email:  Website:  Contact person:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Physical Location of the Organization– attach map if possible: |

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| 2. Which part of rice value chain you serve? ………………………. |

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| 3. Is your organization/Company/Entity registered? If yes: Under which law, is it registered. If not, are there plans for registering?  Please state registration number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 4. Please provide some background information on your organization/Company/Individual: |
| 5. What is the Organization/Company/Entity/Business level of coverage? (How much of the country do you cover? & which regions/districts?)   |  |  | | --- | --- | | **District/Region** | **Activity** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |

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| * I am the Chief Executive and am authorized to act on behalf of my organization. * I understand that RCT seeks to advocate for a pro-poor and enabling policy environment for the rice value chain in Tanzania, where civil society organizations and the private sector can effectively engage with and influence agricultural and rice-related policies and practices. * I commit to actively participate in RCT activities and collaborate with other RCT members to achieve the Council’s objectives. I also commit my Organization/Company/Entity/Business/Farm Project to regular attendance at scheduled RCT meetings and engagements. * My Organization/Company/Entity/Business/Farm Project seeks full membership in the Rice Council of Tanzania (RCT) and requests to be informed and invited to RCT forums, meetings, and other relevant engagements.   Stamp (if applicable)  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*All information should be sent to:*

*RCT Board, P.O. Box 105237, Dar Es Salaam,*

*Tel: +255 713 299435*

The application form will be forwarded to the RCT Board for consideration.

*RCT is pleased to receive applications for membership. All applications received will be acknowledged within one week of having been received by the RCT Secretariat. Applications will normally be considered by the RCT Board during scheduled meetings. RCT commits to making a determination on membership applications within 2 months of receipt provided the application is complete and relevant documents are attached. Failure to complete the form correctly or to attach the requested documentation may result in delays in making a decision.*

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| DO NOT FILL THIS SECTION FOR INTERNAL PROCESSING BY RCT ONLY  Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Secretariat Review:  SC Review  Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ref # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Response date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |