

# The Africa Growth and Opportunity Act (AGOA)



# CIVIL SOCIETY NETWORK



## MEMBERSHIP FORM

### MEMBER INFORMATION

First Name:	Middle Name:	Family Name:
Position:		How Long:
Organizational/Company:		
Postal Address:		
City:	State:	Zip Code: Country:
Email:	Phone:	Fax:
Website:	Type of Organization <input type="checkbox"/> Advocacy <input type="checkbox"/> Service Provider <input type="checkbox"/> Research Institute	

### AREAS OF INTEREST

<input type="checkbox"/> AGRICULTURE:	<input type="checkbox"/> DEMOCRACY:	<input type="checkbox"/> EDUCATION:
<input type="checkbox"/> ECONOMICS/TRADE:	<input type="checkbox"/> RURAL COMMUNITY DEVELOPMENT:	<input type="checkbox"/> TECHNOLOGY:
<input type="checkbox"/> RULE OF LAW:	<input type="checkbox"/> WOMEN:	<input type="checkbox"/> YOUTH:

### MEMBERSHIP CATEGORIES

<b>Individual:</b> USD \$50	<b>CBOs:</b> USD \$100
<b>NGOS:</b> USD \$150	<b>Small &amp; Medium Enterprises:</b> USD \$250
<b>Advisory Board Members:</b> USD \$500	<b>Chambers of Commerce/Co-operative Groups:</b> USD \$1000

### PAYMENT METHODS

Check or Money Order Payable to: The Foundation for Democracy in Africa

Electronic Funds Transfer (EFT) Please email [annette@democracy-africa.org](mailto:annette@democracy-africa.org) for details

Credit Card:  American Express  Visa  MasterCard  Discover  Please Check Here if this a Debit Card

Credit Card Number:	Expiration Date:	CSV CODE:
Print Name as it Appears on Card:	Signature of Cardholder:	Date:

### SIGNATURE

Signature of Applicant:	Date:
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**PLEASE COMPLETE THIS FORM AND RETURN IT by Email or Fax:**

<b>EMAIL:</b> <a href="mailto:AGOACSONET@democracy-africa.org">AGOACSONET@democracy-africa.org</a>	<b>FAX:</b> 202-436-9477	<b>AGOA Civil Society Network Secretariat</b> <b>Tel: 202-331-1333</b> <b><a href="http://www.democracy-africa.org/agoacsonet.htm">www.democracy-africa.org/agoacsonet.htm</a></b>
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