



Belize Women's Seaweed Farmers Association

Membership Form

DATE: _____

PURPOSE

BWSFA harnesses resources and funding opportunities to support its members in creating livelihood opportunities and uplifting our communities. We are an Association founded and led by women and include men and youth in our operations. ***Come build the Belizean seaweed industry with us!***

VALUE TO OUR MEMBERS (Volunteering is a requirement to access membership benefits)

- Provide training opportunities
- Provide research and development information to improve members' value-added products
- Provide discounts on raw seaweed (wet and dried) and seaweed products.
- Assist with setting up personal farms
- Provide market opportunities
- Provide direct linkage to finance infrastructure including micro loans

GENERAL REQUIREMENTS

- Belizean Citizen or Resident
- Valid Social Security ID Card
- Adult Member (over the age of 18) \$20
- Associate Member (Non – voting youth & non-Belizean citizens \$20 adult/\$10 youth)
- Business owner \$50
- Follow Code of Ethic and Membership Requirement

SPECIFIC INTERESTS AND EXPERIENCE

(Please check all that apply)

- Experience in seaweed farming and production
- General interest in the seaweed industry
- Interest in seaweed farming and production
- Experience collaborating on teams
- Experience in Marketing
- Interest in developing seaweed products

I WANT TO BECOME A MEMBER OF THE BWFSFA BECAUSE (Please check all that apply)

I am interested in joining the Board of Directors

I am seeking additional income or job opportunities through the BWSFA

I need assistance with personal seaweed farming

I need assistance with seaweed value-added product, production & marketing

I am seeking trainings through the BWSFA

My intention is to buy seaweed from or sell seaweed to the BWSFA

I would like to use the BWSFA branding to promote my own personal business

I want to offer volunteer services to the BWSFA

I want to offer (media/trainings/funding/partnership/other) opportunities to the BWSFA and/or its members

CONTACT INFORMATION

Name: _____

Occupation: _____

Address: _____

Primary Contact: _____

MEMBERSHIP

This annual membership is a: New Membership Renewal

PLEDGE

I, _____, would like to become a member of the BWSFA. I have completed this form and agree to honour the mission and vision of the BWSFA as well as its respective governance policies. I will do my best to participate in all communications, meetings, and opportunities relevant to me or required of me. Moreover, I will do my best to fulfil any membership obligations that may arise.

Print Name: _____

Date: _____

If application is approved you are required to submit your SS card along with an annual membership fee of BZ\$20.00 for Members or BZ\$20.00 for adult Associate Members or BZ\$10.00 for youth Associate Members or BZ \$50 for Member Entrepreneur.

CONTACT US:

Phone 6712212 | bwsfa2019@gmail.com | <https://www.belize seaweed.com>

BWSFA OFFICE USE ONLY

DATE RECEIVED: _____

MEMBERSHIP TYPE: Member Associate Member

I, _____, on behalf of the Board of Directors of the BWSFA confirm that _____ is: *Approved/Not Approved* for **BWSFA 202**_____

Membership or Associate Membership.

Signature: _____

Date: _____

PAYMENT

Membership = BZ\$ _____

Associate Membership = BZ\$ _____

Payment Type: Online transfer Cash Check or money order

Received by: _____

Date: _____

Kindly email this from to bwsfa2019@gmail.com after been filled out.