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MEMBERSHIP APPLICATION FORM FOR GRAIN FARMERS

Personal Information

Title: _____ *Surname: _____ *Full Names: _____
*ID No: _____ *Gender: _____
*Province: _____ District: _____
*Farm Address: _____
Postal Address: _____
*E-mail: _____
*Cell Phone no: _____ Tel. No: _____

Production Information

Farming Entity Name: _____
Entity type: _____

Grain Commodities	Average hectares planted per season
1.	
2.	
3.	

Nearest Grain Silo: _____

CONSENT: Ideclare that I am a bone-fide grain farmer and I voluntarily join SAGRA as a committed, disciplined, loyal and active associate farmer. I will abide by the vision, goals and objectives of our association. I also commit to paying an initial membership fee of **R500**.

Signature: _____ **Date:** _____

BANKING DETAILS: South African Grain Farmers Association

FNB East Rand Mall, Acc. No: 62 771 9226 40, Ref: Name & ID Number