



# JAMAICA ORGANIC AGRICULTURE MOVEMENT

P.O. Box 5728, Liguanea Post Office, Kingston 6  
E-Mail: [joam@joamltd.org](mailto:joam@joamltd.org) ; Website: [www.joamltd.org](http://www.joamltd.org)

## MEMBERSHIP FORM

### SECTION A – PERSONAL INFORMATION (PLEASE PRINT)

<b>1. *NAME</b>			
Title:	Last Name/Surname:	First Name:	Middle Name (optional)
<b>2. *ADDRESS</b>			
a. Permanent Address		b. Mailing Address (If different from a):	
Apartment/Street:		Apartment/Street/P.O. Box:	
City/Town/Post Office	Parish:	City/Town/Post Office:	Parish:
Country:		Country:	
<b>3. * CONTACT INFORMATION</b>			
Home(permanent phone)	Mobile Phone 1:	Mobile Phone 2:	Work:
E-mail:			
1.		2.	
<b>4. OCCUPATION/PROFESSION</b>			

### SECTION B – FARMER INFORMATION

a. Are you a farmer? If <b>yes</b> , continue to <b>b</b> ; If <b>no</b> , go to <b>Section C</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	b. Is your farm a commercial enterprise? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. What is the size of your farm?	d. In which Parish is your farm located?
e. What do you farm?	f. Is your farm under organic production? Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Is your farm certified organic? Yes <input type="checkbox"/> No <input type="checkbox"/>	h. If yes, certified by whom?
i. If no, are you interested in becoming certified? Yes <input type="checkbox"/> No <input type="checkbox"/>	j. If yes what certification are you interested in? Local <input type="checkbox"/> International <input type="checkbox"/>
k. Have you established a market for your products? Yes <input type="checkbox"/> No <input type="checkbox"/>	l. Are you interested in participating in a local farmer's market? Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION C – JOAM MEMBER INFORMATION

### 1. SUBCOMMITTEES AND SPECIALIZED SKILLS

**JOAM has a number of subcommittees. In the event that your services are required, kindly indicate your interest in serving on any of the listed subcommittees**

Fundraising and Events

Public Relations

Information Technology

Standards and Certification

Project Development and Management

**Please indicate any specialized skills/knowledge that you have that may be beneficial to the organization e.g. marketing, law, accounting etc.:**

### 2. \*MEMBERSHIP CATEGORIES AND ANNUAL FEES (Please indicate the category you are registering for)

Regular (\$1000)

Farmer (\$1000)

Student (\$200)

Group(\$2000)

Corporate (\$3000)

Supporting (\$5000)

**Membership fees may be lodged directly to the JOAM account at any NCB branch;**

**Account number: 37 1013431 (Matilda's Corner Branch)**

**A copy of the lodgment slip must be sent in with the membership form**

### 3. \*HOW DID YOU LEARN ABOUT JOAM?

## SECTION D – DATA MANAGEMENT (OPTIONAL)

**JOAM requests that members interested in having a pictured membership I.D. card should submit a passport photograph with an additional \$200. This ID card will enable members to take advantage of member discounts:**

Photograph Submitted?

Yes  No

Date Submitted: \_\_\_\_\_

(month/day/year)

**Recommended by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(month/day/year)

## FOR OFFICIAL USE ONLY

Date Received:

I.D. Sent:

Signed Photo Received:

Dues Paid:

Welcome Package Sent:

Approved:

\* INDICATES SECTIONS THAT MUST BE FILLED OUT FOR PROPER PROCESSING OF APPLICATION