



JAMAICA ORGANIC AGRICULTURE MOVEMENT

P.O. Box 5728, Liguanea Post Office, Kingston 6
 E-Mail: joam@joamltd.org; Website: www.joamltd.org; 876-564-3770

MEMBERSHIP FORM

SECTION A – PERSONAL INFORMATION (PLEASE PRINT)

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

4. *OCCUPATION/PROFESSION

SECTION B – FARMER INFORMATION

a. Are you a farmer? If yes , continue to b ; If no , go to Section C 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 and you are expected to serve on at least one. Kindly indicate which of the subcommittees listed below you will be providing your services.

- | | | |
|---|---|---|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership | <input type="checkbox"/> Projects |
| <input type="checkbox"/> Public Relations and Marketing | <input type="checkbox"/> Policy and Standards | <input type="checkbox"/> Seed Committee |

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

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Individual (\$1,500) | <input type="checkbox"/> Farm (\$2,500) | <input type="checkbox"/> Group (\$2,500) ^φ |
| <input type="checkbox"/> Corporate (\$5,000 - \$10,000) | <input type="checkbox"/> Supporting (\$20,000) | |
| <input type="checkbox"/> Students/Seniors (\$500) | <input type="checkbox"/> Friends of JOAM (\$1,500) | |

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 membership picture I.D. card should submit a passport photograph with an additional \$200. This ID card will enable members to take advantage of member discounts and services:

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

φ \$2500 FOR FIRST 4 MEMBERS PLUS \$250 FOR EACH ADDITIONAL MEMBER.