



Shea Network Ghana
 Behind Modern City Hotel
 Naa-Luro Estates
 Sagnarigu – Northern Region
 Ghana – West Africa
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 info@sheanetworkghana.com
 sheanetworkghana@gmail.com

MEMBERSHIP REGISTRATION FORM

A. BACKGROUND INFORMATION

A1. Full Name of organization/Applicant:		Passport Picture of Key Person
A2. Type of Organization (Please Tick where appropriate)		
Local	<input type="checkbox"/>	
National	<input type="checkbox"/>	
International	<input type="checkbox"/>	
A 3. Service Category of Organization (Please Tick where appropriate)		
NGO	<input type="checkbox"/>	
Advisory and Consultancy	<input type="checkbox"/>	
Financial Services	<input type="checkbox"/>	
Market Linkages	<input type="checkbox"/>	
Processing Companies and Factories	<input type="checkbox"/>	
Research institution	<input type="checkbox"/>	
Producer Groups, Association and Networks	<input type="checkbox"/>	
Shea Training and Technical service providers	<input type="checkbox"/>	
Logistics, Transport, Freight Forwarders	<input type="checkbox"/>	
Cosmetic Processors	<input type="checkbox"/>	

A4. Year of Establishment	
A5. Registration Number of Business	
A 6. Postal Address:	
A7. Physical/Location Address	
A8. Key Contact person information	
Telephone	
Fax Number:	
E-Mail Address:	
Contact Person, Position & Address/ Mobile No.	

B. ORGANIZATION'S OPERATIONS AND SHEA ACTIVITIES

B1. Vision:

B2. Mission:

B3. Programme and Projects of Organization/Individual:

B4. Region of Shea Activities	
B.5. Names and Number of Districts Covered	
B.6. Number of Communities	

B.7. Number of Groups	
B8. Total Number of Clients	
B.9. Number of Processing Centers	

B10. What are the specific assignments carried out in Shea?

B11. What are the main problems facing your shea activities?

B12. What key advocacy issues will you suggest the Network to pursue to ensure sector reform

B13. Contribution to shea sector in Ghana (How will your organization contribute to the development of the shea sector and the Network?)

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B14. Expected Benefits from the Network (What will your organization expect from the Shea Network Ghana?)

Empty rectangular box for providing expected benefits.

C. COMMITMENT

.....
(Head/Representative of Organization) **Signature and Stamp** **Date**

D. NETWORK SECRETARIAT

Remarks

16. Date of Submission Recipient Signature
.....

17. Official Stamp

NETWORK REGSITRATION NUMBER ASSIGNED

Dashed rectangular box for the registration number.

Note: All filled registration form should be forwarded to us via email or SNG office(s).

