Ethiopian Horticulture Producer Exporters Association (EHPEA)
Tel: 251-11-6636750/51, Fax: 251-11-6636753, P.O. Box: 22241 code 1000
Email:ehpea@ethionet.et,Website:www.ehpea.org

Membership Application Form

1. Company Profile

1.1 Name	*1.2 Type of venture*	
	Sole	*joint*

1.2 Address

	Country	Region	Zone/Woreda	Kebele
Main Office				
Farm				
Other				

	P .O. Box	Email	Tel no.	Fax no.	Website
Main Office					
Farm					
Other					

1.3 Main Business

	Cut flowers	Fruit	Vegetables	Herbs	Area not under production
Area in Hectares					

2. Company Legal status[1]:

	Business document		Investment document	
Document type	Certificate	License	Certificate	License
Number				
Renewal validity year				

3. Company management

	Full name	Nationality	Email	Office Tel	mobile
Company owner					
Company owner					
General Manager					

4. Application form filled by:

Full Name:
Position in the company:
Date of application:
Signature:

Company stamp/seal

[1] Please attach copies of the documents mentioned on Membership application format