MEMBERSHIP FORM - FPO

SECTION A: FPO DETAILS		
Full Name of the FPO		
Registration No. and Date		
Complete Address	Address:	
	Block/Taluka:	District:
	State:	Pin:
Email		
Director	Name:	
	Phone No.:	
Alternate Representative (Director/Board Member)	Name:	
(,	Phone No.:	

SECTION B: FARMER & ACTIVITY DETAILS

Total No. of Farmer Members in the FPO (list to be attached)			
Total Land under Cultivation by FPO Members (in Acres/Hectares)			
Primary Crops/Produce/ Activity of the FPO	1.	Qty:	
	2.	Qty:	
	3.	Qty:	
	4.	Qty:	
	5.	Qty:	
Does the FPO possess any Natural/Organic Certification?	□ Yes (Please specify): □ No		
Does Your FPO Also Engage in	□ Trading □ Processing □ Exporting		
Geographical Area of Operation (Block/District)			
Do You Have an Export License?	🗆 Yes 🗆 No		



What Kind of Support Would You Like from Chamber India? (Tick all applicable boxes)

□ Assistance with Market Linkages

Certificate of Origin

🗆 Any Other

SECTION D: DECLARATION & ACKNOWLEDGMENT

We, the undersigned, hereby declare that

1. The information provided above is correct to the best of our knowledge.

2. We acknowledge that this no-cost membership is for knowledge sharing and networking purposes and does not guarantee any other services.

3. We agree to comply with the rules and regulations of the Chamber with respect to this membership.

We request Chamber India to not levy any charges for this FPO membership.

(Signature with Stamp) Authorised Signatory Name: Designation: Date:

List of documents to be attached:

1.Registration certificate of the FPO 2.List of farmers associated with the FPO