



**Mombasa Street**  
P.O.BOX 2689, Zanzibar  
Email: [info@zafayco.or.tz](mailto:info@zafayco.or.tz)  
Website: [www.zafayco.or.tz](http://www.zafayco.or.tz)  
Tel: +255 773 165549 | +255 773 706423

Date: \_\_\_ / \_\_\_ / \_\_\_

## ZAFAYCO MEMBERSHIP REGISTRATION FORM

Passport size  
Picture

\*Use only CAPITAL LETTER to fill this form

😊 Personal Details:	
First name	<input type="text"/>
Middle name	<input type="text"/>
Last name	<input type="text"/>
Gender: Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Date of birth:	___/___/___ (Date/Month/Year)
Tel:	<input type="text"/>
Email:	<input type="text"/>
Home address:	<input type="text"/>

☹ Close Contact Person	
Full name:	<input type="text"/>
Tel:	<input type="text"/>
Relationship:	<input type="text"/>

📖 Educational Background:	
What is your level of Education?	(Check ✓ to the answer)
➤ University (Degree, Master, Doctorate)	<input type="checkbox"/>
➤ A-Level (Form Six)	<input type="checkbox"/>
➤ O-Level (Form Four)	<input type="checkbox"/>
➤ Others	<input type="checkbox"/> Please specify: <input type="text"/>

😊 Social Media Accounts	
Please provide social media accounts that you use:	
➤ Facebook:	<input type="text"/>
➤ Instagram:	<input type="text"/>
➤ Twitter:	<input type="text"/>
➤ LinkedIn:	<input type="text"/>



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Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

* Organizational information:	
Have you ever been a member of any organization/NGOs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", mention the name of those organizations	
<input type="text"/>	
Are you currently a member of any organization/NGOs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", mention the name of those organizations	
<input type="text"/>	
Why are you interested to be a member of ZAFAYCO?	
<input type="text"/>	

📁 Attachments:	
Please attach the following documents with this registration form (Check ✓ if you attach)	
➤ Copy of your birth certificate	<input type="checkbox"/>
➤ Copy of ID (Passport, Zanzibar ID, Tanzania ID)	<input type="checkbox"/>
➤ Copy of your Curriculum Vitae (CV)	<input type="checkbox"/>

✍️ DECLARATION STATEMENT (To be filled by an Applicant)	
I ..... (Name of Applicant) here by approve all the above information that I have filled up are true, and I accept all terms and regulation to be a legal member of ZAFAYCO.	
Applicant's Full Name:	Applicant's Signature:
<input type="text"/>	<input type="text"/>



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<p><b>✍ TYPE OF MEMBERSHIP *FOR OFFICE USE ONLY*</b> (This part has to be filled by ZAFAYCO Supervisor, and not an Applicant)</p>	
<p>What type of membership is the above applicant awarded? <span style="float: right;">(Check ✓ the answer)</span></p>	
➤ Honorable membership	<input type="checkbox"/>
➤ Founder membership	<input type="checkbox"/>
➤ Ordinary membership	<input type="checkbox"/>
➤ Volunteer membership	<input type="checkbox"/>

<p><b>✍ APPROVAL *FOR OFFICE USE ONLY*</b> (To be filled by ZAFAYCO Supervisor)</p>	
<p>I .....(ZAFAYCO Supervisor's name) by the power given to me from ZAFAYCO, here by approve the above Applicant to be a legal member of ZAFAYCO starting from today ...../...../..... (Date/Month/Year).</p>	
<p>ZAFAYCO Supervisor's Full Name:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Supervisor's Signature:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

**NOTE:**

- ☞ Completed filled form should be submitted to ZAFAYCO Office (during Office hours) for those Applicants who are in Unguja, or sent via email address: [membership@zafayco.or.tz](mailto:membership@zafayco.or.tz) for those who are in Pemba.
- ☞ All Registration forms should be submitted with the copy of bank slip which notify the non-refundable payment for registration (10,000 TZS) unless otherwise the form will not be reviewed.
 

**Bank Account:** PBZ  
**Bank Account Name:** ZAFAYCO  
**Bank Account No.:** 0402 525 000
- ☞ Only successfully selected members will be notified.

**Deadline for this application is 15<sup>th</sup> February 2019**