



JAMAICA NETWORK OF
RURAL WOMEN PRODUCERS

MEMBERSHIP FORM

Eligibility for membership:

Rural women with micro-enterprises
Interest groups/ institutions

Name: _____

Address: _____

Telephone: (h) _____ (c) _____

Fax: _____

Email: _____

Are you a member of any other organizations: _____

What are your plans for the next five years: _____

Current business activities: _____
