



**AFRICAN CONSERVATION TILLAGE NETWORK  
APPLICATION FORM TO BECOME A PARTNER**

We apply to become a partner of African conservation Tillage network (ACT):

**Name of Organization :** .....

**Postal Address:** .....

**Email Address :** ..... **Website address :** .....

**Telephone Number:**.....

Our areas of focus are:

.....  
.....  
.....

We are keen to partner with ACT in the following areas:

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.....  
.....

We welcome discussions and clarifications with ACT in this regard. We hereby confirm that the information submitted in this application form is correct, and ensure any changes in the information provided will be reported to ACT.

**Name of Chief Executive Officer:** .....

**Signature:** .....

**Date:** .....

**Organization stamp/seal:** .....

**For ACT Official Use:**

The applicant is hereby accepted/declined as a partner of the ACT network, as set out in ACT Partnership Policy.

Signature:

Date:

ACT Stamp/Seal:

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*Please submit completed application form to the ACT Secretariat email address [partnership@act-africa.org](mailto:partnership@act-africa.org)*