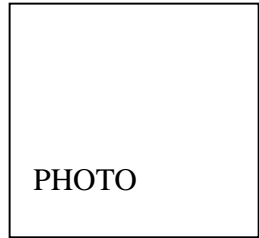




# FLORICULTURE ASSOCIATION NEPAL (FAN)

Jwagal-11 Lalitpur, Nepal, Tel/Fax: 5261089

## MEMBERSHIP FORM



Membership No....

1. Name:.....  
 Address:.....  
 Phone No..... Fax:.....

2. Name of Nursery/company:.....Estd. :.....  
 Address:..... Tel. No.....  
 Fax: ..... Email: .....

3. Categories: (Please tick mark (√) in appropriate)

1. Flower's Nursery & Farm
2. Landscaping & Gardening
3. Cut flower & Bulb production
4. Cut flower Wholesaler
5. Cut Flower Retailer
6. Technical Supports

4. If you are representing a company:  
 Name of Company: ..... Tel: .....  
 (Please attach registration of the company with the form and the letter authorization)  
 Fax: ..... Email: .....

5. Type of Membership: (Please tick mark (√) one)  
 (A) GENERAL MEMBER (B) SPECIAL MEMBER (C) LIFE MEMBER

6. If registration in any department/office:  
 Name: ..... Date: ..... Reg.No.....  
 Date: .....  
 Signature of Applicants

### RECOMMENDED BY:

Name:.....  
 Firm/Nursery:.....  
 Post: ..... Signature: .....

Date: .....

Stamp:.....

### FOR OFFICIAL USE ONLY:

Membership type..... No.....  
 Approved on.....  
 Approved by.....