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**THE MINISTRY OF AGRICULTURE, FISHERIES AND MARINE RESORUCES**

**AGRICULTURAL ADVISORY COMMITTEE**

**APPLICATION FOR MEMBERSHIP**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE: EMAIL ADDRESS:**

**ADDRESS:**

1. **Describe the agricultural activities in which you are currently involved.**
2. **Describe your experience with the agricultural and marine industry.**
3. **Please give the reasons you wish to serve as a member of the Agricultural Advisory Committee.**

**Please return completed form to the Ministry of Agriculture at Building #16 Port Zante.**