

BOTSWANA YOUTH BUSINESS FORUM (BYBF)

Office use only:

Recieved:

Number:

To empower and support youth-owned business in Botswana by providing resources, networking opportunities and a platform for growth and development.

MEMBERSHIP FORM	
SECTION 1:	
Personal Information	
Full names:	
dentity no:	
Date Of Birth:	
Gender:	
Address:	
Phone number:	
Email address:	

Licensing and Codes

Micrograms

Marketing and Promotion

Reasons for joining (Tick choice)

Business Registration

Workshops and Training

Grants and scholarships

Crowdfunding Assistance Ir

Investor connections

Purchasing Purposes

SECTION 2:	
Business information	
Official name of business	
Has your business been approved as registered? Tick Yes/No	
If yes, state registration number hereletter approving registration)	(Please attach copy of
Email address:	
Description of your business:	
Aims and Objectives:	
TERMS AND CONDITIONS	
1.Acceptance of your application is our sole discretion, and you syour membership application is signed and approved on our beh	
2. Any fraudulent or wrongful information given to obtain membe membership's cancellation.	rship could result in your
3. Cancellation of membership within 6 months will not be accept	ted.
AGREEMENT AND SIGNATURE	
	hereby

Signature:				
HOW DID YOU LEARN A	ABOUT BYBF? (Tick choice)			
Social Media	Peer group	Others		