

Form A

MEMBERSHIP APPLICATION FORM

(Please fill in CAPITAL letters)

NAME: _____
 SURNAME OTHER NAMES ID: No

ADDRESS: _____
 CODE TOWN

TELEPHONE: 1. _____ 2. _____

EMAIL ADDRESS: _____

(Employed / Self-employed) – Please tick as appropriate

If Employed:

NAME OF THE EMPLOYER: _____

TELEPHONE & EMAIL ADDRESS: _____

POSITION IN THE ORGANIZATION: _____

If self employed/Corporate:

NATURE OF BUSINESS: _____

NAME OF THE BUSINESS: _____

Membership Registration:-

Individual Membership

New: Ksh.300.00
 Renewal: Ksh.300.00

Corporate Membership*(also fill Annex1 form and attach).*

Ksh.5000.00
 Ksh.2500.00

I enclose Ksh. _____ my membership registration fee. Renewal Date of my membership will be: _____

Signature of the applicant: _____

FOR OFFICIAL USE ONLY

Total Amount Received: _____

Receipt No. _____

Cheque/Cash (tick as appropriate)

Received by: _____

Date: _____