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		**Corporate Membership***(also fill Annex1 form and attach).*
New:	Ksh.300.00	Ksh.20,000.00
Renewal:	Ksh.300.00	Ksh.20,000.00

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:_____