MEMBERSHIP APPLICATION FORM

(Please fill in block letters)

FULL NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE: OFFICE_____ **HOME**_____

EMPLOYED/SELF EMPLOYED (Circle as Appropriate)

IF EOMPLOYED: NAME OF EMPLOYER_____.

POSITION IN ORGANIZATION_____

MEMBERSHIP REGISTRATION IS KSH.200/= INITIALLY
RENEWABLE EVERY YEAR FOR KSHS.100/=

I ENCLOSE KSHS._____ **BEING MY MEMBERSHIP REGISTRATION**

RENEWAL DATE FOR MY MEMBERSHIP IS _____

SIGNATURE OF APPLICANT_____ **DATE**_____

……

(For Official Use only)

TOTAL AMOUNT RECEIVED KSHS._____

CHEQUE/CASH (Delete as Appropriate)

RECEIVED BY_____ **DATE**_____