



## **MEMBERSHIP APPLICATION FORM**

### ***Business Membership Organization (Association)***

1. NAME OF ORGANIZATION \_\_\_\_\_  
PHYSICAL ADDRESS \_\_\_\_\_  
P.O. BOX \_\_\_\_\_ CODE \_\_\_\_\_  
TEL. NOS. \_\_\_\_\_  
FAX \_\_\_\_\_ EMAIL \_\_\_\_\_
2. CONTACT PERSON \_\_\_\_\_  
POSITION \_\_\_\_\_  
TELEPHONE (MOBILE) \_\_\_\_\_
3. SECTOR \_\_\_\_\_
4. JOINING FEE: KSH.10,000/= (PAYABLE ONCE)
5. ANNUAL SUBSCRIPTION: KSH.100,000/= P.A.
6. SIGNED BY: NAME \_\_\_\_\_  
POSITION \_\_\_\_\_  
SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_  
OFFICIAL STAMP \_\_\_\_\_