

MEMBERSHIP FORM

Individual Membership

Please type or print in blank

Surname:

Forenames:

ID/Passport No:

Mailing Address:

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Telephone:

Fax:

E-mail address:

Professional Background/Qualifications

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Area of special interest in Health and Development

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Amount to be paid: **Kshs. or USD -----**

Note: Membership Certificate shall be issued on payment of membership fees.

Corporate & Institutional Membership

Please type or print in blank

Company/Organization:
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Head of Organization:

Mailing Address:
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Telephone:

Fax:

E-mail address:

Professional Background/Qualifications

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Area of special interest in Health and Development

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Amount to be paid: **Kshs. or USD** -----

Note: Membership Certificate shall be issued on payment