

Kenya Healthcare Federation, Shelter Afrique House, 2nd Floor, Mamlaka Road, P.O. Box 3556 - 00100, Nairobi , Tel +254 20 2730 371/2, +254 20 272 7936, Email: info@khf.co.ke

MEMBERSHIP REGISTRATION FORM

Please complete

A. Company inf	ormation	
Trading name:		
Nature of business		
Is the business:	Private Ltd. Co.	NGO
	Partnership	Private not for profit
	Other:	
B. Contact infor	mation	
Contact person:		Mobile No
Mailing Address:	Postal C	Code: City/ Town
Street:		Building:
Work Phone:	Work Mobile	e: Fax No:
Email Address:		
C. Type of Mem	bership	
	in joining the Kenya Healthc dy of KEPSA. Please enrol us t	are Federation (KHF), the health sector under:
Corporate Membe	ership Annual Fee (Kshs 50,00	00)
D. Payment Info	rmation	
Please contact	Or	٦
Telephone/ Mobile)	to collect our membership fee.

Please note that all payments must be by cheque payable to KENYA HEALTHCARE FEDERATION or direct bank transfer to our bank account at CFC Stanbic Bank Chiromo Road Account number 0100000088751.