

MEMBERSHIP REGISTRATION FORM

Please complete the following information in **BLOCK** letters;

Company Information

Organization Legal Name : _____
 Nature of Business : _____
 Date : _____

Is the business: Private Ltd. Co NGO Partnership Private not for profit Other Specify: _____

Contact Information

Please provide three contact persons that will be included in our KHF database and emailing lists by filling in the table below:

	Name	Designation	Phone Number	Email
01.				
02.				
03.				

P.O BOX: _____ Postal Code: _____ City/Town: _____
 Street: _____ Building: _____
 Office Phone: _____ Office Mobile: _____ Fax No: _____
 Email Address: _____

Type of Membership

We are interested in joining Kenya Healthcare Federation (KHF), the Health Sector Board of KEPSA. Please enroll us under:

- Corporate Membership – Annual Fee (KSH. 50,000 Per Year)
 Professional Association – Annual Fee (KSH. 10,000 Per Year)
 Institutional Association – Annual Fee (KSH. 10,000 Per Year)

Payment Information (Finance/Accounts Contact Person)

Please fill in the table below with the required details:

	Name	Designation	Phone Number	Email
01.				

Please note that all payments must be by cheque payable to **KENYA HEALTHCARE FEDERATION** or direct bank transfer to our bank account at Stanbic Bank Kenya, Chiromo Road, Account number **010000088751**. Swift No: **SBICKENX**.