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The Health Sector Board of KEPSA

MEMBERSHIP REGISTRATION FORM

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

Company Information

Organization Legal Nar	ne :			
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.**

Chairman: Dr. Kanyenje Gakombe Vice-Chair: Dr. Elizabeth Wala Treasurer: Mr. Stephen Maina Directors: Dr. Francis Karanja Mr. Vinod Guptan Dr. Walter Obita Dr. Linus Ndegwa Dr. Daniella Munene Mr. Isaiah Okoth Mr. Antony Jaccodul