



MEMBERSHIP FORM

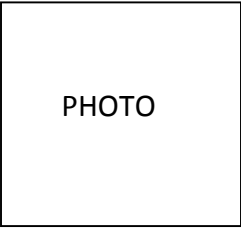
Please attach your recent passport size photo.

Please fill the form and submit it to

P. O. Box 79729 00200 Nairobi, Kenya. Tel: +254 (020) 2318045 or 0733410375,

Mobile: +254 722- 697-924. E-mail: info@kawt.or.ke

**INDIVIDUAL MEMBERSHIP
REGISTRATION FESS 5000KSH PAID ONCE
ANNUAL MEMBERSHIP FEES 3000KSH**



1. Personal Details

Surname:

Other Names:

Postal Address:

E- Mail:

Tel:

Date of Birth:

Marital/Family Status:

2. Please list your latest educational and training qualifications

Qualification

.....

Teaching Institute

.....

Date Completed

.....

3. Work Experience

i). Organization/Company

.....

ii) Job Title.....

Duration.....

iii) Brief Description of responsibilities

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4). Endorsement

This section MUST be filled by a Proposer who is a member of the Executive Committee.

Proposer: I have known the applicant for..... Years and consider her to be of sound reputation and ability. I am prepared to endorse her application for membership.

Name.....

Signature.....

I wish this application for Individual/ Student Membership to be considered by the Executive Committee of KAWT and I undertake to abide by the rules of the association, the KAWT code ethics and the professional conduct as well as the advertising standard code. I understand that submission

of this form and attached Cheque No: for Kshs:8000KSH.....

is in no way binding to the Society or its officers and that in the event of my application not proving successful my Cheque will be returned to me.

Once registered as a member of the association I'm bound to pay my annual subscription unless I have been expelled from the association or have submitted my resignation in writing to the KAWT Secretariat before the annual subscription is due..

Date: Signed:

Approved

Membership No:

Signature Date.....

For: Kenya Association of Women in Tourism (KAWT)