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Please fill in your details below and send the filled form to <a href="mailto:gak.kenya@gmail.com">gak.kenya@gmail.com</a> copying <a href="mailto:info@gak.co.ke">info@gak.co.ke</a>

## **APPLICATION FOR MEMBERSHIP: PROFESSIONAL MEMBERSHIP**

Personal Information	
Surname:	
Other Names:	
Title:	
Profession:	
Organization:	
Office Phone:	
Mobile Phone:	
E-mail 1:	E-mail 2:
Postal Address:	
Membership Category (Plea	se tick)
Professional $\Box$	Annual Professional Membership Fee: Kshs 5,000 [Paid Per Calendar Year].
This can be paid directly in Nairobi, A/C no. 011-2016-1	nto the Association Bank Account - <b>Co-operative Bank, Upper Hill Branch, 1683-000</b> OR
Account Number (Your Na	M-Pesa: Lipa na M-Pesa > Paybill > Enter Business Number: 443780 > me) > Amount > Pin. Kindly send a scanned copy of the pay-in-slip or the ge to our email. You will be issued with a receipt and membership certificate
<b>Declaration</b> In applying for membership Association.	p, I declare that I will abide by the By-laws, rules and regulations of the
Signed by the A	pplicant: Date: