



KENYA PHARMACEUTICAL ASSOCIATION

Kenya pharmaceutical Association (K.P.A), National Office, Golf course Commercial centre,
3rd floor. P.O.BOX 20771-00202KNH, Nairobi. Tel:2733813.
Email:Kpapharm2006@yahoo.com
Bank: Cooperative Bank
Account No: 01100004291800
Branch: Parliament Road

Your ref: **KENYA PHARMACEUTICAL CO-OPERATIVE SAVINGS & CREDIT SOCIETY.**

Our Ref: _____

APPLICATION FOR MEMBERSHIP

1. COMPLETE THIS FORM IN BLOCK- CAPITALS

The Hon. Secretary
P.O/box 20771-00202, KNH
Nairobi
Email: kpapharm2006@yahoo.com

I hereby make an application for membership and agree to conform to the societies by-laws and any amendment thereof:

FULL NAME: MR/MRS/MISS -----

DATE OF BIRTH ----- ID NUMBER: -----

P.P.B ENROLMENT NO: -----K.P.A REG NO: -----
(MEMBERSHIP NUMBER)

DEPARTMENT: ----- STATION: -----TOWN: -----

POSTAL ADDRESS: -----

PHYSICAL ADDRESS: -----
(WHERE YOU LIVE/ BUSINESS LOCATION)

HOME ADDRESS: -----

CONTACT TEL. NO: -----EMAIL ADDRESS: -----

DATE-----
(SIGNATURE OF APPLICANT)

Nairobi Branch: Newton Siele – 0722700151
Nyanza Branch: Geoffrey Lumumba – 0722969188
Rift Valley Branch: Francis Koima – 0733407467
N. Eastern Branch: Dagane T. Dabar – 0721540973
Central Branch: Isaac Kiguru - 0721626232

Western Branch: Dan LopezWere- 0722780817
S. Eastern Branch: Julius Mututa – 0724056343
Eastern Branch: Andrew Muriuki – 0724615678
Coast Branch: Wande Mamboleo – 0722936144

2. NOMINATEDS NEXT OF KIN

I, the undersigned in the event of my death while a member of the society, hereby instruct the society to pay all amount due to me, less any debts to the society to person named in this section. The name of the nominee can be given in a sealed letter. I understand that I may alter the name of the Nominated next of kin by filling in a subsequent nominated next of kin form.

No.	Names of the next of kin	I.D no.	Relationship to member	Telephone	Address
1.					
2.					
3.					
4.					
5.					

WITNESS NAME:

Signature: ----- Signature of the member: -----

CERTIFICATION

I ----- certify that all the information given above is correct.

Signature -----

Date: -----

FOR OFFICIAL USE ONLY

1) Accepted/ rejected * If accepted Membership No.-----

2) Membership receipt No: ----- Date: -----

CHAIRMAN

Name: -----

Designation: -----

Signature: -----

Date: -----

SECRETARY

Name: -----

Designation: -----

Signature: -----Date-----

TREASURER

Name: -----

Designation: -----

Signature: -----Date-----

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