



REGISTRATION FORM

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ENTITY NAME

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P.O BOX		POSTAL CODE		TOWN	
PHYSICAL ADDRESS					
TELEPHONE					
MOBILE					
EMAIL					
WEBSITE					

NATURE OF BUSINESS

AUTHORIZED PERSONNEL

NAME		DESIGNATION	
SIGNATURE		DATE	

MEMBERSHIP FEES

CATEGORY	SUBSCRIPTION	ANNUAL FEE		
CBO	Ksh2,500	Ksh10,000	CHEQUE <input type="checkbox"/>	BANK TRANSFER <input type="checkbox"/>
Corporate	Ksh5,000	Ksh20,000	CASH <input type="checkbox"/>	MPESA TILL 882242 <input type="checkbox"/>
International	\$100	\$300		

OFFICIAL USE ONLY

NAME OF OFFICER	SIGNATURE	DATE
ASOK MEMBERSHIP NO.	CATEGORY	

HEAD OFFICE

