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Kenya Chapter - African Association for Public Administration and Management (AAPAM - (K))  
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**MEMBERSHIP APPLICATION FORM**  
(Individual and Corporate)

**A: Individual Membership**

Full Name: Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Title: Prof./Dr./Mrs./Ms: \_\_\_\_\_  
Male ( ) Female ( ) Nationality: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
**Current Employment:**  
Name of Organization \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Title of Current Post: \_\_\_\_\_  
**Applicant's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**B: Student Membership**

Full Name: Surname: \_\_\_\_\_ Other Names: \_\_\_\_\_  
Male ( ) Female ( ) Nationality: \_\_\_\_\_  
Institution: \_\_\_\_\_ Postal Address: \_\_\_\_\_  
Course Currently Pursued: \_\_\_\_\_ Reg No. \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
**Applicant's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**C: Corporate Membership**

Name of the Organization: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Name of the Authorized Officer: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Stamp/Seal of the Organization: \_\_\_\_\_

**Declaration**

I/We wish to join the Association as an Individual/Corporate/Student Member. I/We agree to abide by the constitution and rules of the association. I/We hereby enclose my/our membership fees.

**Registration:** Student US\$ 30 Individual US\$ 50 Corporate US\$ 300  
**Annual Subscription:** Student US\$ 20 Individual US\$ 40 Corporate US\$ 100