KERARAPON RESIDENTS ASSOCIATION (KEREA)
P. O. BOX9076-00300
NAIROBI

MEMBERSHIP APPLICATION FORM

NAME OF MEMBER

MR/MRS/MISS/ORGANISATION……

ADDRESS……..……..

I.D. NO./CERTIFICATE OF INCORPORATION NO……...

HOUSE NO/LOCATION/DRIVE……...

TEL NO/MOBILE……...

MEMBERSHIP/ACCOUNT NO……

DATE OF MEMBERSHIP…….

SIGNED BY MEMBER

NAME……

SIGNATURE…….

DATE …….

WITNESSED BY (ANY ANOTHER MEMBER)

NAME…….

SIGNATURE……..

DATE……..

I ……. hereby undertake to abide by the Constitution and bylaws of the above Association as may be amended from time to time.

OFFICIAL USE ONLY

FEES PAID …….

RECEIPT NO……...

NAME AND DESIGNATION OF AUTHORISING OFFICIAL……...

DATE OF AUTHORISATION OF NOMINATED PROXY……..

SIGNED BY CHAIRMAN/SECRETARY

Signature……..

Date……..