

APPLICATION FOR KMA MEMBERSHIP

I am a Kokni Muslim, over 18 years of age, and I agree to abide by the Constitution, and Rules & Regulations of the Association. I hereby apply to become:

☐ Life member - Kshs 10,000/-

☐ Patron - Kshs 20,000/-

Please attach a recent
P/P size photograph of
yourself
here

DETAILS OF THE APPLICANT (USE BLOCK LETTERS):

1. Full Name
2. Date of Birth.....
3. Postal Address..... Postal code.....
4. Residential Address
5. E-mail Address
6. Telephone Number..... Mobile (WhatsApp) No.
7. Profession or Occupation..... Blood Group B l o o d G r o u p
8. Details of Spouse (if married):-
Full Name.....
Profession or Occupation..... Blood Group
9. Details of Children Under 18 Years of age:-

Full Name	Date Of Birth	Gender	Blood Group
		Select Gender	Blood Group
		Select Gender	Blood Group
		Select Gender	Blood Group

Any additional Information:-

Date..... Signature of the applicant.....

Proposed by: (Name & Signature).....

Seconded by: (Name & Signature).....

NOTE: The Proposer and Secunder must be fully paid up members of the Association.

CHEQUES PAYABLE TO:

KOKNI MUSLIM ASSOCIATION
BANK: ABC BANK
BRANCH: KOINANGE STREET, NAIROBI
ACCOUNT NO: 000200000000374

Or

M-PESA PAY BILL NUMBER: 8317412
ACCOUNT NUMBER: Type of Membership + Name

FOR OFFICIAL USE ONLY:

Membership approved at a Managing Committee Meeting held on:

.....

Payment received by:

Mode of payment:

Name of Secretary: Signature:

Name of Chairman: Signature:

MEMBERSHIP No. : _____