



KENYA INSTITUTE OF SOCIAL WORK (Membership Division)

CORPORATE MEMBERSHIP APPLICATION FORM

APPLICANT'S PERSONAL DETAILS

NAME OF THE ORGANIZATION _____

DATE OF INCORPORATION _____ (Attach copy of Registration Certificate)

NATIONALITY _____

NATURE/AREA OF BUSINESS _____

PHONE NO _____

MOBILE NO. _____

EMAIL ADDRESS _____

POSTAL ADDRESS _____

NAME OF THE CONTACT PERSON _____

DESIGNATION _____

PHONE NO _____

MOBILE NO. _____

EMAIL ADDRESS _____

WHO INTRODUCED YOU TO KISW MEMBERSHIP _____

APPLICANT'S DECLARATION

I confirm that the above information is true to the best of my knowledge and I am aware that giving false information will lead to automatic disqualification.

NAME **SIGNATURE** **DATE**

FOR OFFICIAL USE ONLY

NAME OF THE OFFICER WHO RECEIVED THE FORM _____

SINATURE _____ DATE _____

HEAD OF DEPARTMENT

MEMBERSIP APPROVED OR NOT _____

SINATURE _____ DATE _____

OFFICIAL RUBBER STAMP