



# 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)

NATURE 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 \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### **HEAD OF DEPARTMENT**

MEMBERSHIP APPROVED OR NOT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

OFFICIAL RUBBER STAMP