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CORPORATE MEMBERSHIP APPLICATION FORM 2019

PLEASE USE BI	LOCK LETTERS
ORGANIZATIO	N NAME:
PHYSICAL LOC	ATION:
P.O BOX:	
TOWN:	
EMAIL:	WEBSITE:
TEL:	MOBILE:
Organization	Category (Tick appropriate)
1. Academic/ F	Research 2. Govt Ministry 3. UN Body 4. NGO
5. Food Indust	ry 6. Civil Society 7. Agribusiness 8. Private Institution
9. Others - (S	pecify)
I wish to apply for individual membership of the society and undertake to promote its aims and objectives.	
Fees: Annual Subscription Ksh 10,000	
Payments can be made by Cheque to Kenya Association of Food Safety and Protection (KAFSAP) or Banked directly at any NATIONAL BANK Branch into our Account No. 01520216787600 (Kenya Association of Food Safety and Protection)	
Certificate will	be provided
Signature:	Date:
For Official Use Only:	
	Individual Membership Number Date Admitted Renewal Date