



KAFSAP

Kenya Association of
Food Safety and Protection

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INDIVIDUAL MEMBERSHIP APPLICATION FORM 2019

PLEASE USE BLOCK LETTERS

NAME: _____

DESIGNATION: _____

ORGANIZATION: _____

PHYSICAL LOCATION: _____

P.O BOX: _____

TOWN: _____

EMAIL: _____ WEBSITE: _____

MOBILE: _____

Organization Category (Please Tick appropriate)

- 1. Academic/ Research
- 2. Govt Ministry
- 3. UN Body
- 4. NGO
- 5. Food Industry
- 6. Civil Society
- 7. Agribusiness
- 8. Private Institution
- 9. Others – (Specify)

I wish to apply for individual membership of the society and undertake to promote its aims and objectives.

Fees: Registration Ksh500/= Annual Subscription Ksh 1,000/= Life Membership 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