



www.kenchemsoc.org

THE KENYA CHEMICAL SOCIETY

APPLICATION FOR MEMBERSHIP FORM

Send the completed form to: kenchemsoc@gmail.com

SECTION A: APPLICANT TO FILL THIS SECTION

I, Prof./Dr./Mr./Miss./Mrs.....do hereby apply to be a member of the

Kenya Chemical Society (KCS) from this date _____ / _____ / _____

APPLICANT'S PERSONAL DETAILS

1. Date of Birth [Day/Month/Year]: _____ / _____ / _____ Male Female

2. Mailing Address

Academic or Job Title: _____

Institution/firm: _____

Department/Section: _____

Postal Office Box number and code: _____

Street Address : _____

www.kenchemson.org

Email: kenchemsoc@gmail.com

City/Town: _____

Phone No: Mobile: _____

3. E-MAIL ADDRESS: _____

4. EDUCATION

College or University Including Current enrolment	City/Town Country	Dates studied	Major/course title	Title of Degree Received or expected	Month/year Received or expected

(Attach copies of academic credentials)

5. PROFESSIONAL EXPERIENCE

Job Title (Start with most recent)	Dates: From/to	Employer's Name	Employer's Address	Description of Duties

6. SUBSCRIPTION RATES (TICK AS APPROPRIATE)

Membership Category	Registration Entrance Fee (Kshs) (paid once)	Annual subscription (Kshs)	Total amount to be paid (Ksh)
Corporate \ Institutional member	-----	90,000	90,000
Ordinary member	1,000	6000	7000

Student member	1000		600		1,600	
Associate member	1,000		6000		7000	
Life member	75,000		Nil		75,000	

7. PAYMENT METHOD (TICK AS APPROPRIATE)

Check-off Bank Deposit

(Check-off please provide acknowledgement of respective finance department)

(National Bank of Kenya, KENYA CHEMICAL SOCIETY; Account No. 0124 20 5930 2300; Mpesa Paybill No. 547700)

Other (please specify) _____

8. MEMBER – ELECT AGREEMENT

I attest to accuracy of the information on this application. I promise to abide by the constitution and code of conduct of the KCS. I understand that membership dues are payable annually unless my signed resignation is received by the National Chairman of the Kenya Chemical Society prior to the end of the 12-month period for which dues have been paid.

Applicants Name & Signature _____

Date _____

ENDORSEMENT BY A BONA FIDE KCS MEMBER:

KCS Member's Name, Member No. & Signature _____

Date _____

SECTION B: (For Official Use Only)

The membership is accepted _____ /rejected _____ (tick as appropriate)

The National Chairman (The KCS) Signature: _____ Date _____

