



The Kenya Alliance of Resident Associations

KARA MEMBERSHIP APPLICATION FORM:

Please Complete

Full Name of Organization: -----

Contact Name(s) : -----

P.O. Box (No) ----- (Town) ----- (Postcode)-----

Tel:----- Fax:-----

e-mail :-----

Please enroll us/me as an individual/ Ordinary/ Corporate Member (s) of KARA. We/I understand that our/my membership is subject to the approval of KARA Governing Council.

We/I accept, and hereby authorize KARA to enjoin us/me in any matters relating to the pursuit of good and transparent governance, at the sole discretion of the KARA Governing Council, and its duly appointed officers. However we/I reserve the right to reconsider our position prior to being involved in any litigation.

Please indicate your level of participation

- Individual membership, Kshs 2,500 (Plus one-off Kshs. 1000 joining fees)
- Association membership, Kshs 10,000 p.a (Plus one-off Kshs 5,000 joining fees)
- Corporate membership Kshs 20,000 p.a (Plus one-off Kshs.10,000 joining fees)
- Corporate Benefactor Kshs. 100,000 p.a (inclusive)

Please tick **ONE** of the following and fill in the necessary information.

- Please enroll me as an **individual member** of KARA. I enclose Kshs.3,500 cash/cheque/money order no _____
- Please enroll us as **Ordinary members** of KARA. We enclose Kshs 15,000 cash/cheque/money order no _____

Please enroll me/us as **Corporate Member** of KARA We/I enclose herewith Ksh. 30,000 as our/cash/cheque/money order no _____

Please enroll me/us as **Corporate Benefactor Member** of KARA We/I enclose herewith Ksh.100,000 as our/cash/cheque/money order no _____

This questionnaire completed by (name) _____

Signature _____ Date _____

Position Held _____ Official Stamp (if any _____

Completion of this questionnaire witnessed by (name) _____

Signature _____ Position Held _____

Applications for Resident Associations must be accompanied by;

- a. copy of registration certificate if registered
- b. copy of constitution
- c. list of names of the office bearer
- d the total number of paid members belonging to group (54,178,640 etc
- e mission statement, if available

Please return this form duly completed and with relevant enclosures to:

Chief Executive Officer , KARA, P.O. Box 1411-00100, Nairobi, GPO

For KARA Use only

Registration certificate bearers constitution Names of office bearers

Number of paid members Submitted to GC GC approval

Signature of CEO..... Date

Signature of Chairperson Date.....