

MEMBERSHIP REGISTRATION FORM

Date :	__/__/2019
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Name & Title:	
Department :	

INSTITUTION/COMPANY:	
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Address: _____ Code: _____
 City: _____ Mobile: _____
 Phone: _____ Office: _____
 Email: _____

MEMBERSHIP SUBSCRIPTION FEE (Please tick appropriately)

- | | | |
|--------------------------|-------------------------|------------|
| <input type="checkbox"/> | UNIVERSITIES | KES 60,000 |
| <input type="checkbox"/> | TVET INSTITUTIONS | KES 45,000 |
| <input type="checkbox"/> | PRIVATE SECTORS MEMBERS | KES 75,000 |

Mode of payment

- | | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Cheque |
| <input type="checkbox"/> | Direct cash deposit |
| <input type="checkbox"/> | Bank transfer |

BANK ACCOUNT DETAILS

ACCOUNT NAME	LIWA PROGRAMME TRUST	OR	LIWA PROGRAMME TRUST
BANK NAME	DIAMOND TRUST BANK		KENYA COMMERCIAL BANK(KCB)
CURRENCY	KES		KES
ACCOUNT NUMBER	0129261002		1180632966
BRANCH	WESTGATE		S & L SARIT CENTER WESTLANDS
SWIFT	DTKEKENYA		KCBLKENX
BRANCH SWIFT	006		1290

ALL CHEQUES ARE PAYABLE TO: LIWA PROGRAMME TRUST

AUTHORISING PERSON

NAME: _____
 TITLE: _____ SIGNATURE: _____
 PHONE NUMBER: _____ OFFICE EMAIL: _____

STAMP