



MEMBERSHIP APPLICATION FORM

A: PERSONAL INFORMATION

1. Title: _____ Nationality: _____
2. Name: _____ Surname: _____
3. Other Names: _____
4. Date of Birth: _____ Current Residence: _____
5. Mobile Number: _____
6. ID/Passport: _____ KRA Pin: _____
7. Next of Kin: _____

IF EMPLOYED

INDIVIDUALS	
Name of Employer/Business if not employed (<i>Or both</i>):	
Physical Address:	
Email Address:	
Mailing Address:	
Telephone:	
County:	
Average Annual Turnover: (<i>Kshs 50000</i>) <i>Kshs 51000-100000</i> <i>Kshs 101000-500000</i> <i>Above Kshs 1000000</i>	
BUSINESS INFORMATION	
(SUITABLE FOR CORPORATE MEMBERSHIP)	
Name of Business:	
Name of contact person:	
Position:	
Type of organization (i.e. <i>sole proprietorship, partnership, limited liability company</i>):	
Branch offices (if any)- list name and location:	
List other Partners/Shareholders:	
Date of Incorporation/Registration:	
Products/Services offered:	
The sector in which it operates:	
Number of members: (<i>To be completed by business associations</i>)	
Number of employees:	
Average Annual Turnover: (<i>Less than Kshs 50000</i>) <i>Kshs 51000-100000</i> <i>Kshs 101000-500000</i> <i>Above Kshs 1000000</i>	

C. ACADEMIC INFORMATION (*Beginning with the highest*)

Number	Institution	Major Field of Study	Year
1.			

D. PREVIOUS/OTHER ASSOCIATIONS MEMBERSHIP?

E. TYPE OF MEMBERSHIP APPLYING FOR (Tick one)

CATEGORY		Platinum	Diamond	Gold	Silver
1.	INDIVIDUAL				
2.	GROUP				
3.	CORPORATE				

F. DETAILS OF REFEREE (Person who introduced you to VGWN)

Name	Membership No	ID Number	Relationship	Signature

G. HOW DID YOU HEAR ABOUT VGWN? (Tick to indicate your selection)

- Event
 Website
 Word of mouth
 Print Media

Others (Specify) _____

H. REASON FOR JOINING VGWN

To help us improve our services to membership, kindly tell us why you joined and what type of activities interest you:

DECLARATION

I hereby apply for admission as a member of the Vuma Globewomen Network and agree to abide by the Memorandum and Articles of Association and the Membership Code of Conduct made there under which are now or may at any time be in force.

Signature of Applicant.....

Date:

For group applications please attach organization profile and list by sector your members if applicable

.....

APPLICATION GUIDELINES

- This application form is applicable to;
 - Individuals** who would like to start a business or who already have a business.
 - Corporate Organisations** – Private sector organizations engaged in business activities and commercial parastatals
- A potential member is required to make an **application for consideration** and will be required to abide by the following terms & conditions; Provide the following: Certificate of Incorporation/Business registration certificate, PIN Certificate, CR.12 Form, If partnership deed is required: The duly completed application form annexed above.
Joining fee is **Non-Refundable**. Membership renewal fees shall be paid annually and failure to which one shall not enjoy the full benefits due to them.
- Payments** can either be made directly into the Vuma Globewomen Network account. Deposit slips to be scanned and emailed to elevate@vumaglobewomen.com and dropped at our offices or through M-PESA using Stanbic’s paybill number- **600100** and Vuma Globewomen Network A/C No. **0100007776227**.

Vuma Globewomen Network
A/C No. 0100007776227
Stanbic Bank, Nairobi
Kenya.

FOR OFFICIAL USE ONLY

Application Received on: _____

Vetted by Membership Committee on: _____ Approved on: _____

Membership Number _____ Membership Renewal Date: _____

Official Signature _____ Date _____