



A Member of International Confederation of Midwives (ICM)

The Chairman,
Midwives Association of Kenya,
P.O. Box 28591 – 00200,
NAIROBI.

APPLICATION FOR MEMBERSHIP TO MIDWIVES ASSOCIATION OF KENYA

Applicant's Name: _____

Place of work/Station: _____

Qualifications: _____ Designation: _____

Pay roll/personal No: _____ Midwife Register / Practice License No: _____

County Name: _____ County Code _____

ID Number: _____ Mobile No: _____

Email: _____ Sign: _____ Date: _____

INDICATE PREFERRED MODE OF PAYMENT FOR MONTHLY SUBSCRIPTIONS

i. Mode of Payment (Tick where applicable)

Bank Deposit: Pay bill: Check off system

Period of Subscription (Tick where appropriate)

Annually: Quarterly: Monthly:

<p><u>Banking Instructions:</u></p> <p>Account Name: Midwives association of Kenya Bank Name: EQUITY BANK OF KENYA LTD Branch: UPPER HILL - NAIROBI BANK Pay Bill Number: 247247 Account Pay Bill Number: 858951 Registration fee: Ksh – 1,000 (New members Only)</p> <p>NB:</p> <p>1. Banking slip together with this form MUST be forwarded to the Midwives National Secretariat; 2. Monthly Subscription: Kshs -300 (three hundred only) Will be payable to Equity Bank Ltd. Account pay bill number obtained from your County/ Branch Office.</p>	<p><u>For official use only:</u></p> <p>Endorsement By: _____ Official's Name: _____ Membership Registration No: _____ Membership category: _____ Amount Received: KES _____ Received by: _____ Signature: _____ Date: _____ Stamp: _____</p>
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NB: For further membership information kindly contact the secretariat: email @ midwiveskenya@gmail.com