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APPLICATION FORM FOR AFFILIATE MEMBERSHIP

Name of firm :

Contact Person:

Designation:

Physical Address:

P.O. Box.....

Telephone No.

Fax No.....

E-mail Address:

Directors:

Types of Business (products and/or services):

.....

.....

Signed:

Name:

Title:

Date:

Annual membership fee: Kshs. 30,000