



AFRALTI CONFERENCE CENTRE, WAIYAKI WAY, WESTLANDS  
P.O. BOX 66370-00800, NAIROBI- KENYA

[www.awepkenya.org](http://www.awepkenya.org)

**AWEP KENYA CHAPTER MEMBERSHIP FORM**

Please Fill in your Details below:

Your Title & Full Name:.....

Profession:.....

Gender : .....

Age Bracket

18-35 Yrs .....

Above Yrs.....

Identification : I/D. No. ....

Passport No.....

Mobile Phone No.

(+254).....

2. (+254).....

Email Address: [eunice.mbeneka@gmail.com](mailto:eunice.mbeneka@gmail.com).....

Website:.....

Postal Address:

Education Level:.....

Company Name:.....

Your Position in the Company:.....

Company's Physical Location:.....

Other contact Person apart from yourself: .....

Town/County:.....

No. of Years in Business: .....

What products or service does your company offer?

No. of Products produced/Services per week .....Per Month

No. of clients Per Week 1.....Per Month

Annual Income/Turnover:.....

No.of Employees: Female ( ) Male ( )

How did you learn about us? .....

Reasons for joining AWEP Kenya Chapter:

- 1.
- 2.
- 3.

List Areas of Interest for Training:

- 1.
- 2.
- 3.

Are you a member of any other Members Association/Organization ? No.....

If yes, which one?.....

Select Category of Membership you need to apply for below:

MEMBERSHIP	DESCRIPTION	KSHS	TICK
Corporate Members ( Platinum)		100,000	
Organization or Associations ( Gold)	Registered Organization/Association	20,000	
Women Groups or Chamas ( Diamond)	Above 5 Members	10,000	
Individual/Single business ( Emerald)	Associate Members	5, 000	
Mode of payment	Cheque	Cash	M-Pesa 0720 307 675 Zohra Baraka

Kindly Send duly filled form to email address; and copy to [info@awepkenya.org](mailto:info@awepkenya.org);

[ceo@awepkenya.org](mailto:ceo@awepkenya.org) [gregoryngugi.awep@gmail.com](mailto:gregoryngugi.awep@gmail.com)

Date of Application:.....Sign:

Thank you

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**For Officials Use only:**

Application received by : \_\_\_\_\_

Date Application received: \_\_\_\_\_

Membership Number : \_\_\_\_\_

