



KENYA MEDICAL SOCIAL WORKERS ASSOCIATION

P.O. Box 101040-00101, Nairobi, Kenya
Cell Phone: +254 791 405 392 | +254 791 409 195

Email: applications@kemswa.co.ke | Website: https://kemswa.co.ke
Mpesa Paybill (Preferred Option): 400222, Account Number: 628454#

KEMSWA account no: 01134528012100, Account Name: Kenya Medical Social Workers Association Branch: Cooperative Bank

MEMBERSHIP REGISTRATION FORM

Please fill in this form, and provide (whichever is applicable)

1. An appointment letter for those employed and introduction letter from college (if still a student),
2. Copies of certificates and Transcripts,
3. National Identity Card or Passport & Two colored passport size photographs.
4. Bank Slip or Mpesa transaction for registration/renewal

PERSONAL PARTICULARS

Name _____

Current Occupation _____ County of Practice _____

Personal /NO _____ Workstation _____ ID/No _____

Address _____

Mobile _____ Email _____

Qualifications

Diploma/Degree/Post Graduate in _____

Membership categories fees:

Member: Registration fee: Kshs. 1,000 | Admission fee Kshs. 500 | Monthly Contribution Fee Ksh, 300

Student member: Registration fee of Kshs.1,000 | Monthly Contribution Fee Ksh, 300

Accreditation fee : Kshs 2000

APPLICATION CATEGORY: Tick appropriately NEW RENEWAL ACCREDITATION CERTIFICATE

Commitment to Remit

I _____ hereby commit to remit 300 shillings monthly to the Kenya Medical Social Workers Association. I am fully aware that failure to fulfill this commitment for a period of one year consistently will result in the automatic cessation of membership.

Signature _____ Date _____

N/B: All applications should be emailed to the registration committee, email: applications@kemswa.co.ke

Applicants remitting through Mpesa are encouraged to pay one year upfront.

OFFICIAL USE ONLY

Application verified by _____ Sign _____

Application accepted/Rejected/Deferred By _____ Sign _____ Effect From ___/___/___

Treasury Section(Pick the preferred mode of remittance

Mpesa Paybill (Preferred Option): 400222, Account Number: 628454#

KEMSWA account no: 01134528012100, Account Name: Kenya Medical Social Workers Association Branch: Cooperative House

<input type="checkbox"/> Mode of payment Checkoff	<input type="checkbox"/> Mode of payment Mpesa
1. Admission Fee :Kshs 500.	1. Admission Fee :Kshs 500.
2. Membership fee: Kshs 1,000	2. Membership fee: Kshs 1,000
3.Monthly Subscription Kshs 300	3.Monthly Subscription Kshs 3,600 (300*12)

Administration: Entered in the Register

MEMBERSHIP NO: _____