

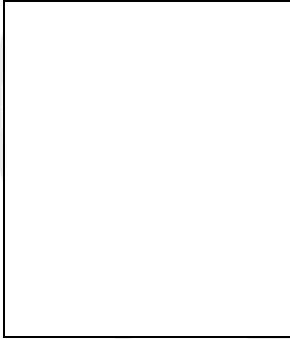


Kenya Association of Professional Counsellors

P. O. Box 55472 00200

NAIROBI.

Tel: 254-020-3741051/3741056/3741123



APPLICATION FOR MEMBERSHIP

New Renewal (Please tick One)

Full Name:

Gender Male Female (Please tick One)

Address.....Code.....

Tel/ Office/ House.....

Mobile

Email Address.....

Training Institution attended.....

Duration of training.....

- (a). Full time
- (b). Part time

- Qualifications-
- (a) Certificates
 - (b) Diploma
 - (c) Higher Diploma
 - (d) Degree
 - (e) Masters
 - (f) PhD
 - (g) Or any other

Please attach copies of your certificates and two passport size photographs.

Present occupation

Area of Specialization (Max 2)

Experience in counselling (Years).....

Do you intend to train further? (a) Yes (b) No

Specific area of interest



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(This section is applicable to new members only)

Member Proposed & Seconded by: _

Proposer: Name: _____

I.D No: _____ Membership No: _____

Telephone: _____

How long have you known the applicant: _____

Seconded: Name: _____

I.D No: _____ Membership No: _____

Telephone: _____

How long have you known the applicant: _____

OFFICIAL REMARKS

MEMBERSHIP (1) ACCEPTED DATE

(2) REJECTED DATE

REASON

MEMBERSHIP NO;.....

JOINING FEE – Kenya Shillings One Thousand only

SUBSCRIPTION FEE;- Kenya Shillings One Thousand only

RENEWAL OF MEMBERSHIP – **Kenya Shillings One Thousand only**

RENEWAL DATE

AMOUNT PAID Ksh

IN WORDS SHILLINGS

TREASURER