

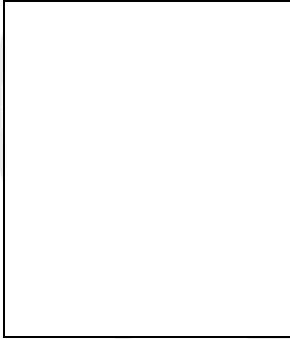


# Kenya Association of Professional Counsellors

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: \_\_\_\_\_

**Secunder:** Name: \_\_\_\_\_

I.D No: \_\_\_\_\_ Membership No: \_\_\_\_\_

Telephone: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

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**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 .....