

## MEMBERSHIP APPLICATION FORM

### A. PERSONAL INFORMATION

1. Title: \_\_\_\_\_
2. Surname: \_\_\_\_\_
3. Other Names: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_
5. Nationality: \_\_\_\_\_
6. Contact Telephone Number: \_\_\_\_\_
7. Contact Email Address: \_\_\_\_\_

### B. BUSINESS INFORMATION

Name of Business	
Your Designation	
Mailing Address	
Physical Address	
Email Address	
Telephone / Fax numbers	
Brief Professional Personal Profile:	
<b>Company Profile</b>	
Type of Organization ( Sole Proprietorship, Partnership, Limited Liability Company )	
List Other Partners/Shareholders	
Date of Incorporation:	
And any major branch offices	
The sector in which it operates	
Distinguishing Edge of the business	
Products / Services offered	
Number of employees:	
Average Annual Turnover	

#### Preferred Contact

Personal Email:

Work Email:

### C. ACADEMIC INFORMATION *(Beginning with the highest)*

Institution	Major Field of Study	Period

### E. OTHER BUSINESS ASSOCIATION MEMBERSHIPS?

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### F. TYPE OF MEMBERSHIP APPLYING FOR (TICK ONE)

<input type="checkbox"/>	INDIVIDUAL	<input type="checkbox"/>	CORPORATE
<input type="checkbox"/>	ASSOCIATE	<input type="checkbox"/>	YOUNG
<input type="checkbox"/>	GROUP	<input type="checkbox"/>	HONORARY

### F. HOW DID YOU HEAR ABOUT KAWBO?

- EVENT
- WEBSITE
- WORD OF MOUTH
- PRINT MEDIA
- OTHER

### G. REASON FOR JOINING KAWBO

To help us improve our services to membership, kindly tell us why you joined and what type of activities interest you :

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### H. MENTORING PROGRAMS

- Would you like to be a mentor? YES  NO
- Would you like to be a mentee? YES  NO

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#### Kenya Association of Women Business Owners

Cathy Flats, Suite No.1, Lenana Road, Kilimani,  
Tel: 020 4447945 , 0716 627 066; Fax: 020 4450496

Website: <http://www.kawbo.or.ke>

**“EMPOWERING WOMEN IN BUSINESS TO  
GROW AND EXCEL”**

## DECLARATION

I hereby apply for admission as a member of the Kenya Association of Women Business Owners and agree to abide by the Memorandum and Articles of Association and the Membership Code of Conduct made there under which are now or may at any time be in force.

Signature of Applicant.....

Introduced by.....of..... (Complete if applicable)

For group applications please attach organization profile and list by sector your members if applicable.  
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## MEMBERSHIP FEE (Full Member)

Joining fee is **non-refundable**.

Membership renewal fees shall be paid annually on a pro-rata basis. A monthly fine of KSh 1,000 will be charged on late payments.

Joining Fee Kshs. \_\_\_\_\_ Annual Subscription Kshs. \_\_\_\_\_

I enclose cheque no. \_\_\_\_\_ of Kshs: \_\_\_\_\_ being my Joining fee.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Payments can be made directly into the KAWBO account. Deposit slips to be scanned and emailed to KAWBO or dropped at our offices.

Kenya Association of Women Business Owners  
A/C No.0102009619100  
Standard Chartered Bank  
Yaya Centre

Payments can also be made through M-PESA. Telephone number - 0716 627066

## PLEASE RETURN COMPLETED APPLICATION FORM TO:

Cathy Flats, Suite No.1  
Lenana Road, Kilimani,  
P.O 10237 -00100  
Nairobi, Kenya  
Tel: 0716 627066  
www.kawbo.or.ke

## OR VIA

Email:hubmanager@kawbo.or.ke

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## FOR OFFICIAL USE ONLY

Application Received on: \_\_\_\_\_

Vetted by Membership Committee on: \_\_\_\_\_ Approved on: \_\_\_\_\_

Membership Number \_\_\_\_\_ Membership Renewal Date: \_\_\_\_\_

Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

KAWBO

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