

MEMBERSHIP FORM

Please attach your recent passport size photo.

Please fill the form and submit it to

Kileleshwa, Gatundu Road,

P. O. Box 69826 00400 Nairobi, Kenya. Tel: +254 (020) 4343540/1,

Mobile: +254 720 556942. E-mail: info@msk.co.ke

INDIVIDUAL MEMBERSHIP ONLY

(Please indicate membership category applied for below with a tick, But first read note (1) (2) and (3) on page 2

Surname:

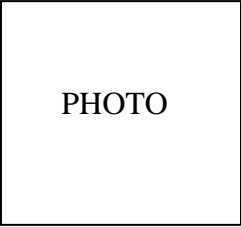
Other Names:

Postal Address:

E- Mail: Tel:

Date of Birth:

Marital/Family Status:



2. Academic Record (Beginning with highest level)

School/University.....

Major Field of Study.....

Dates from-to

School/University.....

Major Field of Study.....

Dates from-to

School/University.....

Major Field of Study.....

Dates from-to

School/University.....

Major Field of Study.....

Dates from-to

3. Work Experience (beginning with the present Employer)

Employer.....

Position

Period

Employer.....

Position

Period

Employer.....

Position

Period

I wish this application for Student/ Associate/ Full/Corporate Membership to be considered by the Executive council of the Marketing Society of Kenya and I undertake to abide by the rules of the society, the MSK code ethics and the professional conduct as well as the advertising standard code. I understand that submission of this form and attached Cheque No: for Kshs: is in no way binding to the Society or its officers and that in the event of my application not proving successful my Cheque will be returned to me.

Once registered as a member of the society I'm bound to pay my annual subscription unless I have been expelled from the society or have submitted my resignation in writing to the MSK Secretariat before the annual subscription is due..

Date: Signed:

Approved

Signature Date.....

For Marketing Society of Kenya