



INDIVIDUAL MEMBERSHIP APPLICATION FORM

Please ensure you read the Guidelines for membership at the bottom of the form before completing an application.

Name

E-Mail Address

Postal Address Postal code.....

City/town

Telephone

Mobile No.

Highest Level of ICT Training

Occupation

Publications (If more than one, attach a separate schedule)

PAYMENT DETAILS

Amount Paid (Ksh)Mode of Payment: Cheque Money Order Cash

Purpose of Payment

Registration Annual Subscription Newsletter subscription others (Please specify)

DECLARATION

I certify that the above information is true to the best of my knowledge. I also commit myself knowingly to the ICTAK Charter and the Associations code of ethics.

Date: _____ Signature: _____

PERTINENT INFORMATION

1. Please accustom yourself with the all pertinent information about ICTAK. For more information visit our website www.ictak.com.
2. Registration can also be done online.
3. Registration fee is Kshs 1000.00 payable only once.
4. Once registration has been accepted, a notification will be made to you followed by an ICTAK membership badge/card indicating the membership grade awarded.
5. Completed application form may be posted to the Secretary or delivered through any other reliable and authorized means.