



Association of Professional Societies in East Africa (APSEA)

**Parliament Road, The Professional Centre, P.O. BOX 72643-00100, GPO,
Nairobi Tel: 0726-610 498/0733-610498
Fax: 341883 Email: apsea@apsea.or.ke Website: www.apsea.or.ke**

**THE ASSOCIATION OF PROFESSIONAL SOCIETIES IN EAST
AFRICA (APSEA)**

MEMBERSHIP APPLICATION FORM

1. We, -----

(the applicant), of

(Postal Address) -----

(Physical Location)-----

(Telephone and Fax) -----

(E-mail Address) -----

Website address-----

Hereby apply to be admitted as Corporate member/ Affiliate member (*delete as appropriate*) of the Association of Professional Societies in East Africa (APSEA).

2. We confirm that we are a professional society/organization that brings together professionals whose members have acquired specialized knowledge and skills through training and examinations based on an approved syllabi administered by an institution of higher learning recognized by the government agencies from the following field/ discipline stated below:

And admit members through the following minimum qualification and criteria (state Degree by which you admit your members)

---(state the qualifications and other admission criteria in as much detail as possible) and maintain a professional code of conduct and ethics to be adhered to by our members. We further confirm that we operate under the following specific and/or general statute-----

------(where applicable) and are duly registered as an association/company under guarantee/ other type of registration (state)-----

Date of registration-----

Country of Registration-----

We also confirm that at the point of application, our membership stands at -----
-----Members (state the number of registered members).

3. We have read the APSEA Constitution and the Association By Laws enclosed herewith, and if admitted undertake to abide by all conditions of membership therein, including membership subscription fees, as they now exist or as they may thereafter be altered, amended or added to as long as we remain a Member.

Chairman----- (Name)

----- (Signature)

Secretary----- (Name)

----- (Signature)

Treasurer----- (Name)

----- (Signature)

Dated this-----day of -----2-----

4. We, the applicant, enclose herewith certified hard copies of the following documents for your perusal:
- Background Information for your organization.
 - Our constitution and by-laws
 - Our certification of registration
 - Code of conduct and ethics
 - The Association's Membership Eligibility Criteria: used for determining Admission of Professionals into your organization.
 - List of current Council members, including their contact addresses and station
 - The Register of all your members (an electronic copy and hard copy)
 - List of all salaried employees, including the name of the most senior executive and details of the Association's physical address
 - A set of accounts for the last preceding three years.

NB.

-The applicant should deliver the application form and supporting documents together with a non-refundable application fee of Ksh. 10,000/=

-An applicant who does not meet the full admission criteria may apply to be considered for admission as an affiliate member.

-Admission to any category of membership will be at the sole discretion of the Council of APSEA.

