

Kenya Community in Colorado

Member Registration Form

Personal Information

Title: Mr. Mrs. Miss. Dr.

Member's Full Name: _____
First Last

Marital Status: Single Married Widowed Other (specify) _____

Spouse's Name: _____
First Last

Mailing Address: _____ Apt: # _____

City: _____, Colorado, Zip-Code _____

Home Phone: _____ Cell phone _____

e-mail Address: _____ Alt e-mail Address: _____

Parent and Sibling Information

Parents Names Father: _____ Mother: _____	Spouse's Parents Father: _____ Mother: _____
Member's and Spouse's Siblings:	
Member: Number of Brothers _____ Number of Sisters _____	Spouse: Number of Brothers _____ Number of Sisters _____

Dependents Information

Dependents /Children:	Age:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

I have read the KCC constitution and I agree to abide by the rules and carry out my responsibilities in accordance with its provisions as stipulated.
 Signed _____ Date _____

For Official Use Only

Member's Printed Name: _____	Membership Number: _____
Registration fees paid Yes <input type="checkbox"/> No <input type="checkbox"/>	Date Paid ____/____/____
Signed by: _____ <small style="margin-left: 40px;">General Secretary</small>	Date ____/____/____
Confirmed by: _____ <small style="margin-left: 40px;">National Chairman</small>	Date ____/____/____