



ASSOCIATION OF KENYA MEDICAL LABORATORY SCIENTIFIC OFFICERS

P.O. BOX 55233 - 00200,
Kenyatta Market,
Golf Course Commercial Centre,
1st Floor, Room 1.6,
NAIROBI.

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Email: info@akmlso.or.ke
info@akmlso.or.ke
Mobile: 0720 340462
www.akmlso.or.ke

APPLICATION FOR MEMBERSHIP

1. **NAME:**
(Surname) (Other Names)
2. **TYPE OF MEMBERSHIP:** (Ordinary, Temporary, Honorary, Founder, Absentee, Student or Corporate).....
3. **ADDRESS:** P.O. Box.....

Residence	Telephone
Town:	Day:
Estate:	Night:
Street:	Mobile:
House No:	Email:
4. **DATE OF BIRTH:** **ID/PASSPORT NO:**
5. **QUALIFICATIONS** (Attach photocopies of academic and professional certificates, Diplomas, Degrees certified by the training institution and copies of ID/Passport, CV, 2 passport size photos, KMLTTB certificate)
6. **WORKING EXPERIENCE** (After qualification)
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7. **CURRENT EMPLOYMENT NUMBER:**.....
8. **REFEREES:** (Give names and contact of 2 referees e.g. Tel, Fax, Address, Email, Mobile (e.t.c))
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Application fee (Once) - Kshs.100/=, Membership fee (Once) -Kshs.500/=, Monthly fee- Kshs.500/=
T.O.K (Trained Outside Kenya) - USD 100

9. **HAVE YOU BEEN A MEMBER OF AKMLSO BEFORE YES/NO:**
10. **IF YOU ANSWERED NO TO NUMBER 9, PLEASE EXPLAIN BRIEFLY WHY YOU WOULD WANT TO JOIN AKMLSO NOW:**
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11. **ARE YOU A MEMBER OF OTHER LABORATORY ASSOCIATIONS? YES/NO**
12. **IF YES INDICATE WHICH ONE:**

NB:

1. Payment by postal orders/cheques/bankers cheques in favor of AKMLSO
2. AKMLSO will not take responsibility of any other payments not made as stipulated.
3. Failure to remit payments for 12 consecutive months leads to nullification of membership. Any member whose membership is nullified will have to re-apply for registration.

I hereby declare that the foregoing are true to the best of my knowledge and belief and agree to abide by the constitution of the Association (AKMLSO) as long as I am a member.

ID NO. /PASSPORT _____

SIGNATURE: _____

DATE _____

FOR OFFICIAL USE ONLY	
APPROVAL:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no reasons:	_____ _____ _____
SIGNED:	
Committee Chairman:	_____
Committee Secretary:	_____
Committee Member:	_____
DATE:	_____