



KENYA ASSOCIATION OF PHYSICIANS  
P.O. BOX 48397, CODE 00100 GPO NAIROBI  
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HON. CHAIRMAN: DR. YUSUF S. KARIM  
HON SECRETARY: DR. MOHAMED SOOD  
HON TREASURER: DR. RIAZ KASMANI

SPECIFY MEMBERSHIP CATEGORY

ORDINARY STUDENT CORPORATE PRIVILEGED ASSOCIATE

TITLE: \_\_\_\_\_ SURNAME \_\_\_\_\_

OTHER NAMES: \_\_\_\_\_

CORPORATE NAME: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CELLPHONE NO: \_\_\_\_\_

E-mail: \_\_\_\_\_

MP&DB (OR EQUIVALENT) REGISTRATION NUMBER: \_\_\_\_\_

QUALIFICATIONS: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PLEASE FORWARD THE COMPLETED FORM AND PAYMENT TO THE HON.  
TREASURER. RECEIPT WILL BE ISSUED TO YOU. OFFICIAL USE: MEMBERSHIP  
NUMBER \_\_\_\_\_

OFFICIAL RECEIPT NUMBER: \_\_\_\_\_ MEMBERSHIP CATEGORY CHARGES:

ORDINARY: \_\_\_\_\_ KSH. 3000. STUDENT: ( Undergraduate/Postgraduate) \_\_\_\_\_ KSH. 1000.

CORPORATE: \_\_\_\_\_ USD. 500. PRIVILEGED \_\_\_\_\_ No Charge. ASSOCIATE: USD 100.

**LIPA NA MPESA: PAYBILL NO. 559625 - A/C: 0821085373**