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**KENYA DIASPORA ALLIANCE (KDA) MEMBERSHIP APPLICATION FORM**

To The KDA Membership Committee;

Please accept this as my application for membership in KDA and kindly enroll me as a member of Kenya Diaspora Alliance. I acknowledge that I have read and understood the rules and regulations in the KDA Membership Guidelines and I agree to abide by them.

**A. MEMBER INFORMATION:**

- 1. NAME: \_\_\_\_\_
- 2. ADDRESS: \_\_\_\_\_  
\_\_\_\_\_
- 3. TELEPHONE NO: \_\_\_\_\_
- 4. EMAIL: \_\_\_\_\_
- 5. COUNTRY OF RESIDENCE: \_\_\_\_\_

**B. DEPENDANTS' INFORMATION:**

- 6. NAME OF SPOUSE: \_\_\_\_\_
- 7. SPOUSE'S ADDRESS IF DIFFERENT FROM 2 ABOVE:  
\_\_\_\_\_  
\_\_\_\_\_
- 8. SPOUSE'S CONTACTS: \_\_\_\_\_  
\_\_\_\_\_
- 9. NAME OF CHILDREN AND OTHER DEPENDANTS (MAX 4)
  - 1. \_\_\_\_\_
  - 2. \_\_\_\_\_
  - 3. \_\_\_\_\_
  - 4. \_\_\_\_\_

**C. BENEFICIARIES/INHERITANCE (AT LEAST TWO):**

10. NAME OF THE PRIMARY BENEFICIARY: \_\_\_\_\_

11. RELATIONSHIP WITH MEMBER: \_\_\_\_\_

12. PRIMARY BENEFICIARY CONTACTS: \_\_\_\_\_  
\_\_\_\_\_

13. NAME OF SECONDARY BENEFICIARY: \_\_\_\_\_

14. RELATIONSHIP WITH MEMBER: \_\_\_\_\_

15. SECONDARY BENEFICIARY CONTACTS: \_\_\_\_\_  
\_\_\_\_\_

**D. EMERGENCY CONTACT:**

16. NAME OF EMERGENCY CONTACT: \_\_\_\_\_

17. RELATIONSHIP WITH MEMBER: \_\_\_\_\_

18. CONTACTS: \_\_\_\_\_  
\_\_\_\_\_

19. EMERGENCY CONTACT COUNTRY OF RESIDENCE:  
\_\_\_\_\_

**E. MEMBERSHIP TYPE (PLEASE CHOOSE ONE):**

- ❖ STUDENT (MEMBERSHIP FEE \$10 PER YEAR)
- ❖ ORDINARY (MEMBERSHIP FEE \$100 PER YEAR)
- ❖ LIFE SENIOR (MEMBERSHIP FEE \$500 PER YEAR)
- ❖ FELLOW (MEMBERSHIP FEE \$1000 PER YEAR)
- ❖ HONORARY (MEMBERSHIP FEE \$2000 PER YEAR)

**PLEASE SEND COMPLETED AND SIGNED MEMBERSHIP FORMS TOGETHER WITH CORRESPONDING MEMBERSHIP FEE (CASHIER'S CHECK/MPESA) TO THE ADDRESS BELOW**

**Kenya Diaspora Alliance, Lonhro House 17<sup>th</sup> Floor, P.O. Box 58638 (00200),**

NAIROBI, Kenya, Email address: [info@kenyadiasporaalliance.org](mailto:info@kenyadiasporaalliance.org)

**PAYMENT:**

1. Annual Registration fee Submitted with this application (US\$-----): The amount being paid towards my registration as a -----KDA Member
2. Other fee (Promotional) \$.....

3. I remit herewith a total of \$ \_\_\_\_\_ by

BANK DRAFT / MONEY ORDER/MPESA \_\_\_\_\_ dated \_\_\_\_\_

In favor of Kenya Diaspora Alliance.

Yours faithfully,

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Membership approved by the Kenya Diaspora Alliance Membership Committee on \_\_\_\_\_ day of \_\_\_\_\_ Month and the Year \_\_\_\_\_

MEMBERSHIP No. \_\_\_\_\_

Signed:

1. Committee Chairman.....DATE.....
2. Committee Secretary.....DATE.....