MEMBERSHIP APPLICATION FORM

INSTRUCTIONS: Kindly answer each question clearly and completely.

1. **Family name**
2. **First name**
3. **Middle name**
4. **Maiden name, if any**
5. **Date of Birth (dd/mm/yr)**
6. **Nationality**
7. **Sex**
8. **Marital Status**

6. **Permanent address**
   - Telephone No.
7. **Present address**
   - Telephone/Fax No.
8. **Office Telephone No.**
   - Office Fax No.
   - E-mail:

9. **EDUCATION**, (Give full details – N.B. Please give exact titles of degrees in original language.)

   **A. Postgraduate Studies**
   - **NAME, PLACE AND COUNTRY**
     - Please give complete address
   - **ATTENDED FROM/TO** (Month/Year)
   - **DEGREES and ACADEMIC DISTINCTIONS OBTAINED**
   - **MAIN COURSE OF STUDY**

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   **B. University or equivalent**
   - **NAME, PLACE AND COUNTRY**
     - Please give complete address
   - **ATTENDED FROM/TO** (Month/Year)
   - **DEGREES and ACADEMIC DISTINCTIONS OBTAINED**
   - **MAIN COURSE OF STUDY**

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   **C. Schools or other formal training or education**
   - **NAME, PLACE AND COUNTRY**
   - **TYPE**
   - **YEARS ATTENDED** (FROM TO)
   - **CERTIFICATES OR DIPLOMAS ATTAINED**

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10. LIST PROFESSIONAL SOCIETIES AND ACTIVITIES IN CIVIC, PUBLIC OR INTERNATIONAL AFFAIRS

11. WHAT ARE YOUR EXPECTATIONS ON JOINING ICJ (K)?

12. HOW WILL YOU CONTRIBUTE TO THE REALISATION OF ICJ (K)’S VISION AND MISSION?

13. YOUR CURRENT PLACE OF WORK AND DESIGNATION

13. GIVE 2 NAMES OF ICJ (K) MEMBERS WHO HAVE PROPOSED YOU FOR MEMBERSHIP?

(1) Name: _____________________________
    Firm: ________________________________
    Address: ____________________________Signature: ____________________________
    Physical Address: ______________________
    TEL.: __________ FAX: __________ Email: __________________________

(2) Name: _____________________________
    Firm: ________________________________
    Address: ____________________________Signature: ____________________________
    Physical Address: ______________________
    TEL.: __________ FAX: __________ Email: __________________________

DECLARATION BY APPLICANT
I declare that the statements made herein are correct to the best of my knowledge and belief and I agree to be bound by the rules and regulations of The Kenyan Section of the International Commission of Jurists as they currently exist and as they may hereafter be altered.

ID/Passport (Attach Copy)

_______________________Signed and dated on _______day of _______20____
(Signed by Applicant)

* This application form may be submitted together with an amount of Kshs. 5000/= being the membership fee.

Return Address:
The Kenyan Section of the International Commission of Jurists (ICJ Kenya)
ICJ Kenya House, off Silanga Road, Karen, Nairobi,
P.O BOX 59743 – 00200, Nairobi - Kenya
Tel: 254 720 491 549/733491549 Email: info@icj-kenya.org Website: https://icj-kenya.org