

# NUTRITION ASSOCIATION OF KENYA

P O Box 10646 Nairobi,

Email: [info@nak.or.ke](mailto:info@nak.or.ke) Website: [www.nak.or.ke](http://www.nak.or.ke)



THIS FORM MUST BE FILLED IN CAPITAL LETTERS

S/No \_\_\_\_\_

## APPLICATION FOR MEMBERSHIP TO NUTRITION ASSOCIATION OF KENYA

### Instructions

1. This form must be completed in full
2. Use block letters to complete the form
3. Membership fee is Kshs. 100 while monthly contribution is Kshs. 200.

ATTACH  
PASSPORT  
SIZE  
PHOTO

### Applicant's details

Full Name

Cell phone No  E-Mail Address

Postal Address  Code  Town

Nationality  Date of Birth  Age  Gender  (M/F)

Employed  Yes  No  Student  Date of Employment/Admission

Personal No  ID/Card No  Designation

Name of Employer

Address of Employer  Code  Town

Station  County  Name of Branch

*To apply for full membership of NAK you must be eligible for KNDI registration in Kenya.*

Nourishing Kenya



<https://www.facebook.com/NAKnutrition/>

[https://twitter.com/nak\\_nutrition](https://twitter.com/nak_nutrition)

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## Authority to make deduction from my salary;

I hereby authorize you to deduct the amount stated below from my salary:-

Membership fee .....Ksh 100 (only once)

Monthly contributions.....Ksh. 200(monthly)

I certify that the information given here above is correct to the best of my Knowledge.

Signature of applicant

Date

## For branch use (officials)

I certify that the applicant is an employee of

within the NAK Branch named.....Date..... Signature.....

## For official use only Date of Registration

(DD/MM/YY).....

NAK Number.....Signature .....

### PAYMENT DETAILS

BANK NAME:  
ACCOUNT No:  
BRANCH:

### APPLICANT CHECKLIST

1. Duly completed form
2. Copy of ID/Passport
3. Passport size photograph of applicant
4. Entrance fee

Fully completed forms should be sent or emailed to the address above.

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