



Attach a passport size
photograph here

INUANA COMMUNITY ACTION NETWORK – I CAN

Email: inuanainfolink@gmail.com www.inuana-community-action-network-i-can.getlandingsite.com

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1NDOC002: MEMBERSHIP REGISTRATION FORM

Instructions: Please complete all sections of this form accurately. Incomplete forms may delay the processing of your membership application. Membership cards shall be shared via provided email after registration approval.

I. PERSONAL INFORMATION:

1. Full Name:

- Last Name: _____

- First Name: _____

- Middle Name: _____

2. Date of Birth: ____/____/____

3. Gender: Male ☐ Female ☐ Other (please specify): _____

4. National ID/Passport Number: _____

5. Contact Information: Phone Number: _____ - Email Address: _____

6. Postal Address: _____ 7. Residential Address: _____

II. MEMBERSHIP DETAILS:

8. Preferred Membership Type:

- Individual ☐ - Donor ☐ - Corporate/Organization ☐ - Partner ☐

9. Registration Fee Payment Details:

- Amount Paid in words: _____

- Payment Method: - Cash ☐ - Bank Transfer ☐ - Cheque ☐ - Other (please specify): _____

III. DECLARATION:

I, the undersigned, hereby declare that the information provided in this form is true and accurate to the best of my knowledge. I understand and agree to abide by the constitution and regulations of the INUANA COMMUNITY ACTION NETWORK.

Signature: _____ Date: _____

IV. FOR OFFICE USE ONLY:

10. Membership Approval: ☐ - Approved ☐ - Pending ☐ - Rejected ☐

11. Membership ID Number: _____ 12. Date of Approval: ____/____/____

Committee Representative Signature: _____ Date: ____/____/____

Please submit the completed form to the Membership Committee physically or through the email inuanainfolink@gmail.com for processing. Thank you for joining **INUANA COMMUNITY ACTION NETWORK!**