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**APPLICATION FOR MEMBERSHIP FORM (To be filled in duplicate)**

**SECTION A: Applicant to fill this section**

Prof./Dr./Mr./Miss./Mrs.………………………………………………………………………………………………do hereby apply to be a member of the Materials Research Society of Kenya (MRSK)

from this date……………./………………../……………………

**Applicant’s Personal Details**

**1. Date of Birth** [Day/Month/Year]: / / Male Female

**2. Mailing Address**

Academic or Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution/firm: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Office Box number and code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/Town:

Phone: Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. E-Mail Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Education

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of**  **College or**  **University**  **Including**  **Current**  **enrolment** | **City/Town**  **Country** | **Dates**  **studied** | **Major/course**  **title** | Title of  Degree  Received or  expected | Month/year  Received or  expected |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**5. Professional Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title(Start with most recent)** | **Dates: From/to** | **Employer’s Name** | **Employer’s Address** | **Description of Duties** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**6. Subscription Rates (Tick as appropriate)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Membership**  **Category** | **Registration Entrance**  **Fee(kshs) (paid once)** | **Annual subscription**  **(Kshs)** | **Total amount to be paid (Kshs)** |
| Corporate/Institution member | 5,000 | 70,000 | 75,000 |
| Ordinary member | 500 | 2,000 | 2,500 |
| Student member | 100 | 500 (Y1 IS FREE) | 500 |
| Associate/Affiliate member | 500 | 2,000 | 2,500 |
| Life member | 75,000 |  | 75,000 |

**7. Payment Method**

Check–off Yearly post pay (January of intended membership year) (cheques payable to

**Bank Details:**

**Bank Name;**

**Branch:**

**Account Name:** MATERIALS RESEARCH SOCIETY OF KENYA (MRS-K)

**Account No.**

or use Mpesa payment by following the steps below:

1.      Go to Safaricom SIM Tool Kit, select **M-PESA** menu, select “**Lipa na M-PESA**

2.      “Select “**Pay Bill**

3.      “Select “**Enter Business no.**“, Enter XXXX Bank’s Lipa na M-PESA PayBill Number **222111** and press “OK”

4.      Select “**Enter Account no.**“, Enter  XXXX Bank Account Number: **065000006955** press “OK”

5.      “**Enter Amount**“, Enter the amount: Ordinary membership is Ksh **2000 &**Student membership Ksh **500** press “OK”

6.      **Enter your M-PESA PIN** and press “OK”

7.      **Confirm** all the details are correct and press “OK”

8.      You will receive a **confirmation SMS** from M-PESA.

9.      XXXX Bank will also send you a **confirmation SMS.**

**8. Member – Elect Agreement**

I attest to accuracy of the information on this application. I promise to abide by the constitution of the MRS-K. I understand that membership dues are payable annually unless my signed resignation is received by the Treasurer MRS-K prior to the end of the 12-month period for which dues have been paid.

**Member’s signature………………………………………………Date……………………………………………….**

**Endorsement Section:**

**Name MRS-K Member…………………………….Signature…………………Date………………….**

**SECTION B: (For Official Use Only)**

The membership is accepted/rejected (tick as appropriate)...................................................

The Secretary (The MRS-K)..............................Sign.....................Date.................................