



INSTITUTE OF
DIRECTORS
KENYA

MEMBERSHIP APPLICATION FORM

I hereby apply for membership of the Institute of Directors (Kenya) and agree to be bound by its memorandum and articles of association. I confirm that I do not have any criminal convictions nor have I had any civil judgment entered against me in connection with fraud or corporate misfeasance; I am not an undischarged bankrupt; and I am not disqualified (by court order or voluntary undertaking) from being a director of any company.

I undertake to conduct myself, both publicly and privately, in a professional manner and so as to uphold the Institutes reputation and standing and not to cause embarrassment or distress to other members of the Institute or its staff and not to represent publicly the views of the Institute or to claim its support, without the consent of the Board (or of an officer or employee of the Institute nominated by the Board for such purpose).

SUBSCRIPTION RATES

Type of Membership	Entrance Fee	Annual subscription (Kshs)
Ordinary Members	3,000	12,000
Associate Members	3,000	10,000

Please use UPPERCASE Letters within the designated boxes.

A

Mark all check-boxes with an X.

 \overline{x}

Use only Blue or Black pen to fill

Surname

[illegible]

Forename(s)

[illegible]

Choose the titles, distinctions, etc. To be used on correspondence

Mr., Mrs., Dr,

Other

Nationality

Date of Birth

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Academic, Professional or business related qualifications

Designation/ Position in Company

Company Name

Company Physical Address

Company Postal Address

POST BOX NUMBER

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POST CODE

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CITY/ TOWN

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Business Telephone Number

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Business Facsimile Number

--	--	--	--	--	--	--	--	--

Cell Phone Number

PREFIX

NUMBER

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E-mail Address

Main Activity of Business/ Profession

Work Related-experience

DIRECTORSHIP(s) (You may attach a list or fill in the table below)

Company	Number of Years
1.	
2.	
3.	
4.	
5.	

Corporate Governance Course: Attended any Course?

☐ Yes

No ☐

If Yes: Kindly attach a copy of the Corporate Governance Training certificate

PERSONAL DETAILS:

Residential Postal Address

POST BOX NUMBER

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POST CODE

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Residential Telephone Number

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E-mail Address _____

Preferred correspondence address (tick):

☐

Business

Residential

☐

Sign _____ DATE _____

Criteria for Membership

Ordinary Member:

- Attended a corporate governance training provided by a reputable and recognized institution.
- Two years' experience as a practicing director.

Associate Member:

- Directors who have attended a corporate governance training conducted a reputable and recognized institution with less than 2 years' experience as company director.
- Senior managers who have attended corporate governance training but are not practicing directors.

Note: Associate Members:

- Do not have voting rights at general meetings.
- Are not legible for election to the Board governing the Institute.

NOTE

Subscription can be made by cheque to "Institute of Directors (Kenya)" upon receipt of invoice. Kindly attach a copy of your corporate governance certificate

Note: Do not attach payment.

FOR OFFICIAL USE ONLY

Application approved by Membership Committee on

Date: Month: Year:.....

Ratified at Board Meeting on

Date: Month: Year:.....

NITA (Formally DIT) Approved Trainers - No. NITA/TRN/1000