**OPTOMETRY ASSOCIATION OF KENYA WELFARE**

**REGISTRATION FORM**

**DETAILS OF MEMBER, SPOUSE, CHILDREN AND PARENTS**

**PART 1: MEMBER DETAILS**

Surname……………………………………………………Other names…………………………………………………………………………

OAK reg. No………………………………………………. National ID no…………………………………………………………………....

Date of birth (DD/MM/YYYY) ………………………Gender ……………………………………………………………………………….

Employer…………………………………………………………………………………………………………………………………………………

Employment address (incl postcode) ……………………………………………………………………………………………………….

Permanent address (incl postcode) ………………………………………………………………………………………………………….

Email …………………………………………….………………Mobile number ………………………………………………………………..

**PART 11: SPOUSE DETAILS**

Surname……………………………………………………Other names.………………………………………………………………………

National ID no…………………………………………… Date of birth (DD/MM/YYYY) …………………………………………….

Mobile phone number……………………………………………………………………………………………………………………………

**PART 111: PARENTS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the parent** | **Date of birth (DD/MM/YYYY)** | **ID NUMBER** | **GENDER** |
| **1.** |  |  |  |
| **2.** |  |  |  |

**PART IV: CHILDREN DETAILS**

|  |  |  |
| --- | --- | --- |
| **Name of the child** | **Date of birth (DD/MM/YYYY)** | **Birth certificate number** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |

**PART V: PHOTOGRAPHS**

Kindly attach colored passport size photo all beneficiary and clearly label their names underneath.

PARENT

PARENT

SPOUSE

CONTRIBUTOR

……………………………. ……………………………….. ………………………………. …………………………………..

CHILD 4

CHILD 3

CHILD 2

CHILD 1

………………………………. ………………………………. ……………………………….. ……………………………………

CHILD 6

CHILD 5

………………………………… …………………………………..

**PART VI: DECLARATION**

I acknowledge that I have read constitution, rules and the bylaws of the society and agree to abide by them.

Name of the contributor………………………………………………………Sign…………………………..Date…………………………

**Note**

1. For the processing of your registration pay non-refundable and admission fee of Ksh 500.
2. Monthly subscription fee is Ksh 300 paid through official accounts that will be provided to you by the welfare committee.
3. Attach copies of national ID of the persons listed or copy of birth certificate for persons under the age of 18.

**FOR OFFICIAL USE ONLY**

Membership approved by;

1.Chairperson…………………………………………………………..Sign…………………………………..Date………………………

2.Treasurer ……………………………………………………………..Sign …………………………………..Date………………………

Official rubber stump……………………………….