THIS FORM IS FOR FULLY REGISTERD MEMBERS OF THE GROUP. IT MUST FILLED IN BLOCK LETTERS AND DELIVERED TO THE SECRETARY FOR REFERENCE PURPOSES.

1. FULL NAMES…………………………………………………………………………………………………………...
2. ID NUMBER……………………………………………………………………………………………………………..
3. PHONE NUMBER……………………………………………………………………………………………………..
4. EMAIL ADDRESS……………………………………………………………………………………………………...
5. REGION REPRESENTED……………………………………………………………………………………………..
6. DATE OF REGISTRATION……………………………………………………………………………………………

I………………………………………………………………………………………………… agree to be a member of **KAKAMEGA** **COUNTY YOUTH FOR CHANGE** groupand to abide by the rules as guided by the group’s constitution.

DATE……………………………………………………. SIGN………………………………………………..

CHAIRMAN………………………………………….. SIGN………………………………………………….

SECRETARY…………………………………………… SIGN……………………………………………………..

OFFICIAL STAMP………………………………………………………….