



AFRICA PARKINSON'S DISEASE FOUNDATION

Membership Application Form

The information provided will be treated in the strictest confidence.

PERSONAL DETAILS

Title First name

Surname

I.D/ Passport Number.....

For corporate members only

Name of organization.....

Name of officials/ directors

1.

2.

3.

ADDRESS

Physical Address.....

Postal Address..... Postal code

City/ Town Country

Email address

TELEPHONE CONTACTS

Office Telephone

Home Telephone.....

Mobile Number.....

MEMBERSHIP CATEGORIES

Membership Type	Subscription Fee	Tick
FOUNDER MEMBER	Ksh. 1,000,000	
LIFE MEMBER	Ksh. 50,000 (annual)	
CORPORATE MEMBER	Ksh. 250,000 (once) or Ksh. 60,000 (annual)	
INDIVIDUAL MEMBER	Ksh. 12,000 (annual)	

PAYMENT INFORMATION

Name of payee

Kindly find attached the subscription fee, Cheque / deposit slip number

Amount Kshs.....

GIFT OR DONATION (OPTIONAL)

Kindly find a gift/ Donation of Kshs.....

Date of application

Name of applicant

Signature of applicant

Please print and return this form (with your cheque or deposit slip) to:

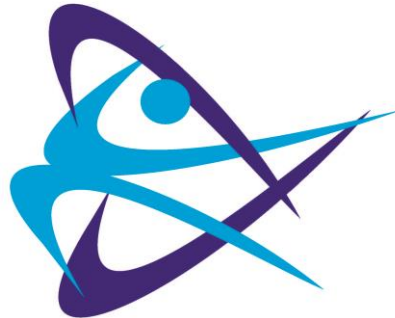
Africa Parkinson's disease Foundation

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