

R.1.3 ASSOCIATE MEMBERSHIP APPLICATION FORM

Please complete this form and return it, along with the subscription fee details to the Kenya Flower Council offices.

COMPANY DETAILS	
Company Name:	
Type of Business:	
Address:	Postal code:
Country:	City:
Company Contact Person's Name:	
Title:	
Contact Phone No.:	
Contact Fax No.:	
E-mail Address:	
Office Physical Location:	

DECLARATION OF TURNOVER & YEARS IN OPERATION

This section will require you to declare the annual turnover of the organization and fees applicable are indicated and attach a copy of your certificate of incorporation

Annual Turnover Band	Membership Fee	Years in Operation	Tick where appropriate
Below 50Million	KES. 50,000		
50 – 100Million	KES 100,000		
Over 100Million	KES 150,000		

Reference: R1.3 Associate member application form	Prepared by: Membership manager	Approved by: CEO	Approved Date: 27-05-08	Revised Date: 24-01-2020	March 2020
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MEMBERSHIP PAYMENT

SUBSCRIPTION PAYMENT			
<p>The initial subscription fee is payable with this application by cheque or through direct bank transfer as per the Kenya Flower Council bank details given below.</p> <p>Membership applications will not be processed until payment is received by the Council. Acknowledgement of the application fee will be made once it has been received.</p>			
RENEWAL OF MEMBERSHIP			
<p>An annual membership fee is payable annually. Kenya Flower Council calendar year is January to December, where all members will be invoiced at the beginning of every new year.</p>			
KENYA FLOWER COUNCIL BANK DETAILS			
BANK:	I&MBANK		
Bank code:	57		
Branch Code:	016		
Account:	016 0059 9751 210		
Account Name:	The Kenya Flower Council		
Swift code:	IMBLKENA		
DECLARATION BY APPLICANT			
<p>The organization shall accept and abide by the terms and conditions of membership stated in the Kenya Flower Council Memorandum and Articles of Association, or any subsequent amendments thereof.</p>			
Date:		Signature:	

KENYA FLOWER COUNCIL, WELCOMES YOU ON BOARD!

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