

R1.3 ASSOCIATE MEMBERSHIP APPLICATION FORM

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

					7
Company Name:	COMPANY DETAILS				4
Company Name.					
Type of Business:					1
Address:			Postal		-
Address.			code:		
Country:			City:		
Company Contact Person's Name:				l	_
Title:					
Contact Phone No.:					-
Contact Fax No.:					
E-mail Address:					_
Office Physical Location:					=
<u>MEMBERSHI</u>	P FEE				
INITIAL SUBSCRIPTION PAY					
the initial subscription fee of the Kenya Flower Council b			cation by cheque or	through direct bank transfer a	s pe
Membership applications vapplication fee will be made			received by the	Council. Acknowledgement of	of the
RENEWAL OF MEMBERSHIP					
A membership fee of Kshs in joined the Kenya Flower Co		ally and shall be	invoiced every yea	r on the date that your organiz	zatior
KENYA FLOWER COUNCIL E					
BANK: I & M BAN					
Bank code: 57					
Branch Code: 016	0==4 040				
Account: 016 0059					
Account Name: The Kenya Swift code: IMBLKEN					
DECLARATION BY APPLI	CANT				
The organization shall acce Memorandum and Articles of				stated in the Kenya Flower Co	unci
Date:		Signature:			
THE KENYA FLOWER COUNCI	L WELCOMES YOU ON BO	DARD.			

Reference :R1.3-Associate member application form	Prepared by:	Approved by:	Approval date:	Revision date:	June 2016
	Lead auditor	CEO	27-05-08	15-06-2016	