



ADMINISTRATIVE PROFESSIONALS OF KENYA

MEMBERSHIP APPLICATION FORM

Membership Enrolment Programme

Application Reference No.: _____

Date Received: _____

Please complete this form in BLOCK LETTERS and provide accurate information. Attach copies of relevant supporting documents where applicable.

PART A: MEMBERSHIP APPLICATION

SECTION 1: REGISTRATION STATEMENT / DECLARATION

I hereby apply for membership of the Administrative Professionals of Kenya (APK) and confirm that the information provided in this application is true and accurate to the best of my knowledge. I agree to abide by the Constitution, Rules, Regulations, Code of Conduct and other policies of APK, as may be amended from time to time. I undertake to fulfil my membership obligations, including payment of the prescribed registration fee and membership subscriptions, and to uphold the values, professional standards and objectives of the Association. I understand that providing false or misleading information may result in rejection of my application or termination of membership in accordance with APK regulations.

Applicant's Name: _____

Signature: _____

Date: _____

SECTION 2: PERSONAL DETAILS

Full Name	
National ID/Passport No.	
Nationality	
Mobile No.	
Alternative Contact No.	
Email Address	

SECTION 3: PROFESSIONAL QUALIFICATIONS

A. Highest Academic Qualifications

Qualification	Institution	Year Obtained

B. Professional Qualifications / Certifications

Professional Qualification / Certification	Institution / Professional Body	Year

SECTION 4: EMPLOYMENT & MEMBERSHIP DETAILS

A. CURRENT EMPLOYMENT DETAILS

Name of the Organization	
Designation / Job Title	
Duty Station	
Years of Service	
Employer Type	☐ National Government ☐ County Government ☐ State Corporation ☐ Private Sector ☐ NGO/Development Organization ☐ Self-Employment

B. MEMBERSHIP CATEGORY

☐ Professional Member ☐ Associate Member ☐ Honorary Member ☐ Student Member ☐ Other: _____

C. MEMBERSHIP PAYMENT

Registration Fee: **Ksh. 2,500/=**

Subscription: ☐ Monthly – **Ksh. 500/=** ☐ Annual – **Ksh. 6,000/=**

Mode of Payment: ☐ M-PESA ☐ Bank Transfer ☐ Other: _____

Transaction / Ref. No.: _____ Date of Payment: _____

APPLICANT'S CERTIFICATION

I certify that the information provided in this application form is complete and accurate. I understand that membership of APK is subject to approval by the Association and that I am required to comply with the Association's governing instruments and membership requirements.

Applicant's Name: _____ Signature: _____

Date: _____

SECRETARIAT CONTACT

Email Address: info@adminprofessionals.ke

Telephone Contact: 0721 744 664 / 0716 466 739

PART B: OFFICIAL USE ONLY

MEMBERSHIP APPROVAL & RECORD

1. APPLICATION RECEIPT & VERIFICATION

Application Reference No.	
Date Application Received	
Registration Fee Received (Kshs)	
Payment Reference No.	

DOCUMENTS VERIFIED:

☐ National ID/Passport ☐ Academic Certificates ☐ Professional Certificates

☐ Proof of Payment ☐ Other: _____

Verified By: _____ Designation: _____

Signature: _____ Date: _____

2. MEMBERSHIP APPROVAL

Membership Category Approved:

☐ Professional Member ☐ Associate Member ☐ Honorary Member ☐ Student Member

Membership No.: _____ Date of Approval: _____

Effective Date of Membership: _____

DECISION ☐ APPROVED ☐ NOT APPROVED

Reason / Remarks: _____

3. AUTHORIZATION

Reviewed / Recommended By:

Name: _____ Designation: _____

Signature: _____ Date: _____

Approved By:

Name: _____ Designation: _____

Signature: _____ Date: _____

Official Stamp: _____

MEMBERSHIP NUMBER ISSUED: _____