



KENYA SOCIETY OF PROFESSIONAL CO-OPERATORS

Mwalimu Towers, Hill Lane, Off - Mara Road, Upperhill, P.O BOX 104785-00101, Nairobi Kenya.

Tel: 0757 688 856, Email: info@csk.or.ke, Website:www.csk.or.ke

PASSPORT

MEMBERSHIP APPLICATION FORM

Application Received by

Date:

Recommended Grade

Serial No.

MEMBERSHIP CATEGORY

CATEGORY	ACADEMIC QUALIFICATION	CO-OPERATORS PROFESSIONAL QUALIFICATION	ENTRANCE AND SUBSCRIPTION FEES (KSHS)
Student	Person undertaking certificate/ Diploma /degree in co-operative related course from accredited learning institution.	NONE	Entrance fee: 1,000 Annual subscription: 1,000 Total: 2,000
Graduate	A graduate with certificate /diploma/ degree in co-operative related course from accredited learning institution.	NONE	Entrance fee: 2,000 Annual subscription: 2,000 Total: 4,000
Associate	Diploma / degree in co-operative related course from accredited university.	Certified Co-operative Professional CCOP (Exemption where applicable).	Entrance Fee: 5,000 Annual Subscription: 5,000 Total: 10,000
	Diploma / degree in any discipline from accredited university.	Certified Co-operative Professional CCOP	
Full Member	Master's degree in co-operative Related Course.	Certified Co-operative Professional CCOP (Exemption where applicable).	Entrance fee: 10,000 Annual Subscription: 10,000 Total: 20,000
	An associate member with atleast 30 CPD points with 3 years working experience.		
Fellow Member.	Member who has both practiced management in Co-operatives with rendered exceptional services to the KSPC and 15 years working experience in co-operatives.		Entrance fee: 20,000 Annual Subscription: 10,000 Total: 30,000
Corporate Associate	A Sacco or a registered company which its principal shareholders have a practicing certificate.		Entrance Fee: 50,000 Annual Subscription: 20,000 Total: 70,000

Which membership grade are you applying for? (Please tick where appropriate)

MEMBERSHIP CATEGORY

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Promoting Professionalism in co-operative management, training and development.

CORE VALUES

* Professionalism * Cooperation * Equity & Equality * Integrity * Teamwork * Transparency

SECTION 1: GENERAL INFORMATION

Title: Mr. / Mrs./Prof./Dr./ Others.	
Name:	(Surname. First name...other names)
Date of Birth:	
I.D/Passport Number:	
Telephone/Cellphone number:	
Physical address:	
Postal address, Code & Town:	
Email Address:	

(Please attach a copy of your National ID/Passport)

(For corporate membership)

Title firm	
Name :	
Registration Number:	
Physical Address:	
Postal address, Code & Town:	
Office Telephone Number:	
Mobile Number:	
Website:	
Email Address:	

(Please attach a copy of registration certificate)

SECTION 2: EMPLOYMENT HISTORY

(Start with the most recent)

	Name of the Organization	Job Title	Period(Year/s)
1.			
2.			
3.			
4.			

SECTION 3: ACADEMIC AND PROFESSIONAL QUALIFICATIONS.

(Indicate your academic qualification. Start with the highest)

	Name of the Institution	Certificate/Degree Attained	Year
1.			
2.			
3.			
5.			

Professional Qualifications. (CPA, CPS, CHRM, CIB, DIPLOMAS etc.)

	Name Examination Body	Qualification Attained	Year
1.			
2.			
3.			

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Conference /workshop attended in the last 3 years

(This part is optional)

Course	Year	Organization	Duration	CPD Hours

Area of Specialization/ expertise	
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SECTION 4: REFEREES

Please give the name and address of two referees to support your application. They should have knowledge about your professional responsibilities. They should not be related to you.

	REFEREE 1.	REFEREE 2.
Name		
Place of work:		
Position:		
Postal address & town:		
Tel/cell phone Number:		
Email Address:		

SECTION 5: ATTACHMENTS

Please attach a detailed CV or Company Profile, copies of your academic and profession certificate.

SECTION 6: ATTACHMENTS

I understand that the membership committee may award grade that is different to the one I claim and the committee's decision is final. I declare that the information given herein is correct to the best of my knowledge and belief, and, if, selected to be bound by the constitution and the rules and regulations of Kenya Society of Professional Co-operators as they now exist and as may hereafter altered.

Signature		Date	
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IMPORTANT NOTE

Any payments must be paid to Kenya Society of Professional Co-operators account:

Account name: **Kenya Society of Professional Co-operators;**
 Bank: **Co-operative Bank of Kenya;**
 Branch: **Moi Avenue;**
 Account number: **01134122971900**

Mobile Payment through Pay bill:

Pay Bill Number: **400222;**
 Account: **191577#yourname;**

For Official Use Only
 Membership Enrolment Checklist

S/N	Requirement	Yes	No	Remarks
1	Application Form			
2	CV/Company profile			
3	Recommendation Letter			
4	Academic Certificate /Registration Certificate			
5	Copies of Professional Certificate			
6	Copy of National ID/PP			

Approval by the Registration Committee

Approved/ Note Approved

Remarks:

Sign: (Chair, Registration Committee)

Date:

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