

MEMBERSHIP FORM

Personal Details:

Surname:..... Other names:..... Title:.....

Postal Address:..... Tel:.....

E-mail:..... Fax:.....

MEMBERSHIP CATEGORY:

LOCAL RATES (KSHS)

Students.....	200/-,	Individuals.....	600/-
Family.....	1,800/-,	Institutions.....	2,500/-

INTERNATIONAL RATES (US\$)

Students.....	\$10,	Individuals.....	\$30
Family.....	\$50,	Institutions.....	\$150