



**FORM A.**  
**Association of Kakamega Catholics in Diaspora (ASKCAD)**  
**Membership Application Form**

(Complete this form in block letters)

**I. PERSONAL INFORMATION**

FULL NAME (MR/MRS/MISS/DR/PROF/REV)			
OCCUPATION			
NATIONAL ID/PP NUMBER/ REGISTRATION CERT. NO.		NATIONALITY	
DATE OF BIRTH/DATE OF INCORPORATION		GENDER	[ ] MALE [ ] FEMALE
MARITAL STATUS		[ ] SINGLE [ ] MARRIED [ ] OTHER (If Other, State) .....	
POSTAL ADDRESS		OFFICE TEL.	
EMAIL		MOBILE NO:	
PARISH OF ORIGIN		DEANERY	
DIASPORA PARISH		PLACE OF RESIDENCE	

**II. MEMBERSHIP TYPE**

	Membership Type	Membership Fee	Annual Subscription
a)	Ordinary Membership Are you a Catholic from the Diocese of Kakamega, Yes [ ] No [ ]?		
b)	Corporate Membership Are you a registered Company or Group, Yes [ ] No [ ]?		
c)	Associate/Honorary Membership Have you ever served or are serving in an Honorary position, Yes [ ] No [ ]?		
d)	Affiliate Membership Are you an Individual/Company/Organization/Group not necessarily Catholic but interested in our activities, Yes [ ] No [ ]?		



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Disclaimer:

I/We .....  
 hereby declare that the information furnished above is true and I/We understand that it SHALL form  
 the basis of my Membership in the Association.

Applicant's Signature:..... Date:.....

FOR OFFICIAL USE ONLY

APPLICATION CONSIDERED ON		
APPROVED/REJECTED BY MANAGEMENT COMMITTEE UNDER MINUTE NUMBER		
DATE OF ADMISSION/REJECTION		
MEMBERSHIP NUMBER		
APPROVING OFFICER	NAME:	
	DESIGNATION:	
	SIGNATURE:	
DATE OF CESSATION OF MEMBERSHIP		
OFFICIAL STAMP/SEAL		