



One Kenya One Nation

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Promoting National Unity

MEMBERSHIP APPLICATION FORM:

Please Complete

Full name of applicant: _____

P.O. Box _____ Postcode _____ Town _____

Telephone _____ Fax _____

E-mail: _____

Please enroll us/me as _____ (select category from the attached list) member of **ONE KENYA ONE NATION**. I/we enclose a cheque to cover the entrance fee and the annual subscription for the period _____

Name of person completing this for _____

Signature _____ Date _____

Position held (in case of an organisation) _____

(Please send the completed form and the cheque to:

Chief Executive Officer, ONE KENYA ONE NATION, P.O. Box 10060-00100, Nairobi, GPO).