MEMBER APPLICATION FORM

For official use only.

NAME OF THE APPLICANT: ________________________________

DATE OF APPLICATION: ________________________________

DATE OF PROCESSING: ________________________________

SIGNATURE OF THE PROCESSOR: ________________________________

P.O BOX 6123 – 01000 Thika
Website: www.kbioc.org
Email: info@kbioc.org
Tel: +254758 860 702
BIODIVERSITY AND BIOSAFETY ASSOCIATION OF KENYA (BIBA KENYA) / KENYA BIODIVERSITY COALITION (KBioC)

MEMBERSHIP CATEGORIES (select one)

☐ Group Membership Available to Local and national NGOs (Any non-profit organization not established by a governmental entity or intergovernmental agreement). Community Based Organizations (CBOs), Faith Based Organizations (FBOs), Animal welfare networks, farmer groups that engage in agriculture including youth groups, women groups and self-help groups. (One Voting Representative.)

☐ Individual (Associate) Membership Available to persons whose interests, activities, and/or background are consistent with the objectives of the Association. Associate membership can include those who are active in, or engaged in leadership positions of, a non-governmental organization, whether or not the organization is a member of the Association. Must have attained 18 years and above.

☐ Affiliate Membership Available to Sub-regional, regional, or international NGOs as governmental and inter-governmental bodies and businesses, which are engaged in functions consistent with the purposes of the Association. (Non-Voting Membership.)

ORGANIZATION INFORMATION

☐ New Application ☐ Renewal (complete financial section and update information)

Full Name of Organization (Please type or write clearly)

____________________________________________________________________________________

____________________________________________________________________________________

Acronym of the organization: ____________________________________________________________

Nature of the organization: (CBO, Local NGO, network, farmer group funding partner or any other)

____________________________________________________________________________________

Year of establishment/founded? ____________________________ Registered? ______________________

Counties you work in?

____________________________________________________________________________________
BIODIVERSITY AND BIOSAFETY ASSOCIATION OF KENYA (BIBA KENYA) / KENYA BIODIVERSITY COALITION (KBioC)

Is this a membership organization?  ☐ Yes  ☐ No

Type of Members  ☐ Individuals  ☐ Organizations  ☐ Both

Number of members? ____________________

Organization mandate
____________________________________________________________________________________
____________________________________________________________________________________

Level of activity  ☐ Local  ☐ National  ☐ International

AREA(S) OF ACTIVITY (please check up to four only)

☐ Agriculture & Food  ☐ Seeds  ☐ Advocacy & Policy  ☐ Health & Nutrition  ☐ Indigenous People & Knowledge  ☐ Environment  ☐ Education & Capacity building  ☐ Communications & Media  ☐ Development

☐ Social & Cultural Development  ☐ Family  ☐ Human Rights  ☐ International relations  ☐ Peace & Security  ☐ Children & Youth  ☐ Conflict Resolution

☐ Law & Legal Affairs  ☐ Narcotics, Drugs & Crime  ☐ Population/ Human Settlements  ☐ Refugees  ☐ Relief Services

☐ Religion, Belief & Ethics  ☐ Science & Technology  ☐ Sports & Recreation  ☐ Trade & International Finance  ☐ Women’s Status & Issues  ☐ Other

ORGANIZATION CONTACT ADDRESS

Physical address:
____________________________________________________________________________________
____________________________________________________________________________________

Postal Address ________________________________________________________________

Tel: Code +(_______) ___________________________ Web Site ____________________________

Email ________________________________ Twitter ____________________________
BIODIVERSITY AND BIOSAFETY ASSOCIATION OF KENYA (BIBA KENYA) / KENYA BIODIVERSITY COALITION (KBioC)

In what ways do you think:

Your organization will benefit as a member of KBioC?

KBioC members will benefit from collaborating with your organization?

What partners do you work with? (State the names and the kind of collaboration)

CONTACT PERSON

☐ Male  ☐ Female

Title:  ☐ Dr.  ☐ Mr.  ☐ Mrs.  ☐ Ms.  ☐ Professor  Other______________________________

First Name __________________________ Middle Name ________________________________

Surname ____________________________________________________________

Designation __________________________________________________________________

Email ________________________________________________________________

Telephone _____________________________ Other Phone ________________________________
**Biodiversity and Biosafety Association of Kenya (BIBA Kenya) / Kenya Biodiversity Coalition (KBioC) Membership Application Form**

| (a)  | The categories of membership interested to join BIBA-K shall be eligible for membership of the association and shall, subject to the approval of the Board, become a member on payment of an Registration fee:  
| i)   | Ksh 2,500 for Group membership  
| ii)  | Ksh 1,000 for Individual (Associate) membership and  
| iii) | Ksh 5,000/- for Affiliate members.  
| (b)  | Every member shall pay an annual subscription fee of:  
| i.   | Kshs 1,000/- for Group Membership  
| ii.  | Kshs 500 for Individual (Associate) membership and  
| iii. | Ksh. 2,000/- for Affiliate membership  

Payments on annual subscription fees should be made **before or within the first quarter of the year** not later than 31st March of the year.

**Account Details:**

Account name: **Biodiversity and Biosafety Association of Kenya**

**Cooperative Bank of Kenya, Thika Branch**

Account No: **01143832617000**

| (c)  | I am an authorized representative of this organization and I affirm that all information submitted on this form is true and accurate. I declare that upon approval of my application will abide to the rules and the regulations of BIBA K/KBioC as stipulated in BIBA K/ KBioC constitution and by-laws.  
| Name |  
| Designation |  
| Signature | Date |

Note: Membership is activated only when membership dues are received and application is approved by the Board.

Please share your organization logo