



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

**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](http://www.kbioc.org)  
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Tel: +254758 860 702*



**BIODIVERSITY AND BIOSAFETY ASSOCIATION OF KENYA (BIBA KENYA) /  
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**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 18years 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)**

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**Acronym of the organization:** \_\_\_\_\_

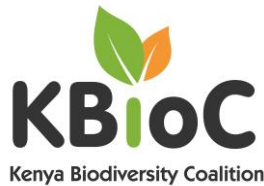
**Nature of the organization: (CBO, Local NGO, network, farmer group funding partner or any other)**

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**Year of establishment/founded?** \_\_\_\_\_ **Registered?** \_\_\_\_\_

**Counties you work in?**

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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) /  
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In what ways do you think:

Your organization will benefit as a member of KBioC?

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KBioC members will benefit from collaborating with your organization?

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

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**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) /  
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**REGISTRATION, SUBSCRIPTION AND RENEWAL OF MEMBERSHIP FEES**

- (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
  - i) Ksh 1,000 for Individual (Associate) membership and
  - ii) 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 31<sup>st</sup> March of the year.

**ACCOUNT DETAILS:**

Account name: **BIODIVERSITY AND BIOSAFETY ASSOCIATION OF KENYA**

**COOPERATIVE BANK OF KENYA, THIKA BRANCH**

Account No: **01143832617000**

**DECLARATION**

**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**