



**LMS Building, Milimani Road
P. O. Box 42276-00100 Nairobi, Kenya
Tel: 0722 289 888 ,Email: info@cghak.co.ke**

MEMBERSHIP APPLICATION FORM

This application form is a requirement for application by facilities wishing to join the association as per the Association's constitution.

1. The application to be filled in duplicate, one copy for the member and one copy retained by CGHAK.
2. A duly completed form is returned with a cheque for membership entrance fees.
 - o Membership fee: ksh.15,000 (paid once)
 - o Website inclusion: ksh. 5,000 (paid once)
 - o Monthly subscription: ksh.1,000 (per month)
3. A copy of business registration should be attached.
4. Membership may be terminated if the member engages in illegal business against the laws of Kenya or business that is against the Association's member conduct prescribed in the constitution.
5. In its due diligence, the Association may call for verification of information provided.
6. Membership shall be subject to vetting by an evaluation committee as per the constitution.
7. The information provided will be treated in **confidence** and used for purposes of qualification to CGHAK membership only.

1. MEMBER DETAILS

Business/Company Name.....

Postal Address

Physical Address

Town/City.....

Tel Nos.....

E-mail Address.....

Website address.....

2. BUSINESS DETAILS

Nature of business.....

Date/year of establishment

Form of Ownership:

- A) Company.
- B) Sole Proprietor
- C) Partnership
- E) Other __

NAME OF OWNERS/DIRECTORS

1. _____ ID No. _____ TEL: _____

2. _____ ID No. _____ TEL: _____

3. _____ ID No. _____ TEL: _____

NAMES OF SENIOR MANAGERS

1. Title: _____ Name _____ Email. _____ Tel: _____

1. Title: _____ Name _____ Email. _____ Tel: _____

1. Title: _____ Name _____ Email. _____ Tel: _____

Bed Capacity/Patrons Capacity _____

Business has all statutory licences? _____

Does the business meet all the Public Health requirements? _____

3. ENDORSEMENT.

This section to be filled by two existing members:-

i) Proposing Member: _____ Facility: _____

Signature _____ Date: _____

ii) Seconding Member: _____ Facility: _____

Signature _____ Date: _____

DECLARATION:

For and on behalf of the business, I apply for membership for the Christian Guest Houses Association.

We undertake to abide by the rules, code of ethics and requirements of the Association.

Name _____

Designation _____

Signature _____ Date _____ Official Rubber Stamp

FOR OFFICIAL USE BY CGHAK.

Approved by CGHAK Evaluation committee:

Chairman _____ Signature _____

Secretary _____ Signature _____

Date: _____

Membership NO. _____

Not approved:

Date _____ Signature _____