ASSOCIATION OF CHARITABLE CHILDREN INSTITUTIONS OF KENYA

P. O. Box 74873-00200 NAIROBI
Tel: 020-8076173, 0725 332 383, 0735 412 116
E-mail: accikumbrella@yahoo.com
Website: www.accikunity.org

Membership Application Form

ACCIK MEMBERSHIP AND CONTRIBUTION

Full Membership
This category of membership is open to any Charitable Children Institution (C.C.I) that fulfils the following:
• Registered by the Department of Children Services
• Payment of Membership contribution of Kenya Shillings 5000/= (Five thousand) renewable annually.
The member can vie and vote for election at the County, Regional and National ACCIK post.

Associate Membership
This category of membership is open to any Charitable Children Institution (C.C.I) that fulfils the following:
• The CCI’s existence is recognized by the AAC (Area Advisory Council)
• Payment of Membership contribution of Kenya Shillings 3000/= (Three thousand) renewable annually.
The member is entitled to all other benefits but cannot vie and vote for election at the County, Regional and National ACCIK post.

MEMBERSHIP BENEFITS
1. Access to technical professional advice on management of CCI / Childcare
2. Training and capacity building through workshops / seminars
3. Collective representation of members in pursuance of their interest
4. Use of resource center and dissemination of information materials
5. Networking opportunities and engagement
6. Recommendation for funding to donors / development agencies
7. Opportunities for volunteers placement
8. Participation in country / regional exchange programs
9. Being featured in ACCIK annual magazine, directory and the website

Please remit your payment to:
A/c name: Association of Charitable Children Institutions of Kenya
A/c No. 0010294579971
Equity Bank, Fourways branch
Nairobi Kenya

All payments will be acknowledged.
### Full Membership

<table>
<thead>
<tr>
<th>Name of C.C.I</th>
<th>Year Founded</th>
<th>Registration Date</th>
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<td>Registration No.</td>
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<td>Number of children accommodated: Boys</td>
<td>Girls</td>
<td>Total</td>
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### Associate Membership

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<tr>
<th>Name of C.C.I</th>
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**MEMBER DECLARATION**

I declare that I will abide by the constitution of Association of Charitable Children Institutions of Kenya (ACCIK) and any other resolutions of the Annual Delegates Conference (ADC) and the National Executive Council that may be made from time to time.

Signed by the authorized person (in-charge of the C.C.I)

Name: ........................................ Signature: ........................................ Date: ........................................

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**FOR OFFICIAL USE ONLY**

Date of payment: ........................................ Cheque / Cash: ........................................ Receipt No.: ........................................

ACCIK Membership Number: ........................................

ACCIK Executive Officer: Signature ........................................ Date: ........................................