



# Kenya Veterinary Association

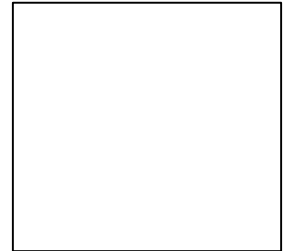
*Tick where applicable*

|   |  |
|---|--|
| M |  |
| F |  |

## Membership Application

The Hon. Secretary  
 Kenya Veterinary Association  
 P.O. Box 29089 – 00625  
**NAIROBI**

*Please attach passport photo here.*



I, Prof./Dr. ....

of (address) .....

Tel. .... ID No.: .....

E:mail Address: .....

hereby make application for membership to the Kenya Veterinary Association.

My qualifications are .....

Dates of qualification .....

I have not\*/already registered/ already applied for Registration under the Veterinary Surgeons and Veterinary Paraprofessionals Act No 29 of 2011).

If approved, I agree to abide by the rules of the Kenya Veterinary Association.

Signed: .....

Date: .....

**KVB No.** \_\_\_\_\_

**1. Proposer:** Name: ..... Signature: ..... Date: .....

**KVB No.:** \_\_\_\_\_

**2. Seconder:** Name: ..... Signature: ..... Date: .....

**KVB No.:** \_\_\_\_\_

**NB:** 1. The proposer and seconder should be paid-up members of the Kenya Veterinary Association

2. Attach a copy of your degree certificate and National ID.

***Please Tick the Branch you wish to belong:***

- |   |   |
|---|---|
| <input type="checkbox"/> KVA Central Region     | <input type="checkbox"/> KVA Nairobi Branch       |
| <input type="checkbox"/> KVA Nyanza Branch      | <input type="checkbox"/> KVA Western Kenya Branch |
| <input type="checkbox"/> KVA Rift Valley Branch | <input type="checkbox"/> KVA North Eastern Branch |
| <input type="checkbox"/> KVA Coast Branch       | <input type="checkbox"/> KVA Women Branch         |
| <input type="checkbox"/> KVA Wildlife Branch    | <input type="checkbox"/> KVA Self-Employed Branch |
| <input type="checkbox"/> KVA Eastern Branch     | <input type="checkbox"/> KVA Kescava Branch       |
| <input type="checkbox"/> KVA Keppova Branch     |   |

# THE KENYA VETERINARY ASSOCIATION

P.O. Box 29089 – 00625 KANGEMI – NAIROBI

Email: [info@kenyavetassociation.com](mailto:info@kenyavetassociation.com), [kvanational1@gmail.com](mailto:kvanational1@gmail.com), Tel. 0727 68 00 22

## **Members Details Update Form**

### **Personal Details**

|                  |  |
|------------------|--|
| Surname          |  |
| Other Names      |  |
| Current Location |  |
| Mobile No.       |  |
| Email Address    |  |

### **Professional Qualifications:**

| Year | Institution | Qualifications |
|------|-------------|----------------|
|      |             |                |
|      |             |                |
|      |             |                |
|      |             |                |

### **Employment Details:**

|                 |  |
|-----------------|--|
| Employed        |  |
| Self Employed   |  |
| Other (specify) |  |

|                      |  |
|----------------------|--|
| Name of Organization |  |
| Address              |  |
| Current Title        |  |

### **Professional Affiliations and Membership associations:**

|   |  |
|---|--|
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |