

CORPORATE MEMBERSHIP FORM

Please fill the form and submit it to: MSK Centre 47' Muchai Drive off Ngong Road
 P.O. Box 69826-00400 Nairobi. | **Tel:** +254 (0) 020-2627684 | **Cell:** +254 (0) 792 001 391
Email: info@msk.co.ke OR membership@msk.co.ke | **www.msk.co.ke**

Name of the Company _____

P. O Box _____

Telephone Number _____

General Email Address _____

Date of Establishment _____

Principal Activity _____ Physical Address _____

Brief Description of Business the firm is involved in (**Attach Company Profile and the Registration Certificates or Incorporation**) _____

Date of registration: _____ Turnover: _____

Accredited Representatives to the Marketing Society of Kenya (Please give 3 names for Platinum, 2 for Gold & 1 for Silver)

1. Surname _____ Other Names _____

Position _____ E-Mail Address _____

2. Surname _____ Other Names _____

Position _____ E-Mail Address _____

3. Surname _____ Other Names _____

Position _____ E-Mail Address _____

Declaration:

I wish this application for Corporate Membership to be considered by the Executive council of the Marketing Society of Kenya and I undertake to abide by the rules of the society, the MSK code ethics and the professional conduct as well as the advertising standard code. I understand that submission of this form and attached Payment of Kshs: _____ is in no way binding to the Society or its officers and that in the event of my application not proving successful payment will be returned to me.

Once registered as a member of the society I'm bound to pay my annual subscription unless I have been expelled from the society or have submitted my resignation in writing to the MSK Secretariat before the annual subscription is due.

Signed _____ Name _____

Position _____ Signature _____

Date _____ Approved _____

Signature _____ Date _____