

INDIVIDUAL 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**

Surname _____ Other Names _____
 Postal Address _____ Telephone Number _____
 Physical Address _____ E-Mail _____
 Tel _____

Place Photo here

Academic Record (Beginning with highest level) Attach copies of the academic certificates.

1. School/ University _____
 Major Field of Study _____ Dates: From – To _____
2. School/ University _____
 Major Field of Study _____ Dates: From – To _____
3. School/ University _____
 Major Field of Study _____ Dates: From – To _____
4. School/ University _____
 Major Field of Study _____ Dates: From – To _____

Work Experience (beginning with the present Employer)

1. Employer _____
 Position _____ Period _____
2. Employer _____
 Position _____ Period _____
3. Employer _____
 Position _____ Period _____

(Please indicate membership category applied for below with a tick)

I wish this application for **Student** **Associate** **Full 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 my 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.

Date _____ Signed _____

Approved _____

Signature _____ Date _____