



Gender and Disability Development Centre

Mainstreaming Gender and Disability for all-inclusive leadership and governance

Address: Membership Liaison Coordinator office. P.O Box 2221-00200 Nairobi, Kenya. Email: info@gddckenya.org

MEMBERSHIP FORM

All prospective members of GDDC are required to complete this registration form and **return** with membership payments.

NB. If this is a renewal of your membership, please tick the box here ☐. Next, write your name in section 1, fill in any changes to the details in sections 1, 2 and 3 or leave unfilled if there are no changes, ensure you tick the appropriate payment details in section 2, then sign and send off to us at info@gddckenya.org Liaison Officer 0704214391 (Valentine)

SECTION 1: MEMBER CONTACT INFORMATION*

Name of the Organization			
ADDRESS 1		WORK TELEPHONE	
ADDRESS 2		HOME TELEPHONE	
TOWN/CITY		MOBILE PHONE	
COUNTRY		PRIMARY EMAIL	

SECTION 2: MEMBERSHIP TYPE AND PAYMENT DETAILS*

MEMBER TYPE	DESCRIPTION	JOINING FEE (one time)	MEMBERSHIP DUES (Annual)	Total Amount	Please Tick
INSTITUTIONAL*	Institutional Membership is open to all institutions Mainstreaming Gender and Disability in both Public and Private programs or involved in training, accessibility and inclusion programs for staff/students and stakeholders on the gender and disability issue based fields.	KSh. 5,000	KSh. 20,000	KSh. 25,000	
DONATION (Optional)	GDDC is supporting Students in tertiary and universities financially and with accessibility devices and depends upon your support				
PAYMENT METHOD	<input type="checkbox"/> Online <input type="checkbox"/> Postal or money order <input type="checkbox"/> Cheque <input type="checkbox"/> Other				

SECTION 3: MEMBER INFORMATION* (Details of the Contact Person)

GENDER:	MALE <input type="checkbox"/>	FEMALE: <input type="checkbox"/>
OCCUPATION /JOB TITLE:	QUALIFICATIONS:	
AFFILIATION:		
ADDRESS OF AFFILIATED INSTITUTION /ORGANIZATION:		
WEB SITE OF AFFILIATED INSTITUTION /ORGANIZATION:		
AREAS OF YOUR ACADEMIC /PROFESSIONAL INTERESTS:		
GENDER & DISABILITY AREA OF INTEREST, IF ANY:		
NATIONALITY:	COUNTRY OF RESIDENCE:	

Declaration: I promise to abide by the rules and regulations of GDDC as set out in its constitution ([available at the web site](#)).

I have paid my joining and membership fees totalling KSh..... /Please see enclosed a cheque or Remittance Advice (payable to Gender and Disability Development Centre. National Bank of Kenya, Kenyatta Avenue Branch A/C No. 01038079199700.) for KSh.....

SIGNED (or write name here)	DATE
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To ensure that we have the correct contact details for you, please complete the information requested above and return the form to info@gddckenya.org. This information will also be used to keep you informed about GDDC Kenya events in future.

FOR GDDC USE ONLY:

Date Received	Chq /PO rec'd	Payment confirmed	Receipt issued	Entered into DB
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