



Kenyan Society of Homeopaths

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Application for Membership

PLEASE TYPE OR PRINT IN BLOCK LETTERS

Registration N^o.

Date _____

Name: _____

Nationality: _____ Sex: _____ Birthdate: _____

Mailing Address: P.O. Box _____ Postal Code _____ Town: _____

Residence: Road, Plot No.: _____ Town / Village: _____

Telephone: Home: _____ Office _____ Mobiles: _____ // _____

Email: _____ Website: _____

Professional Qualifications: (Include the degree & the institution from which you qualified)

Present Work / Clinic or Activity including address:

References (One person of professional standing)

a) Name: _____ Address, email, telephone: _____ Signature: _____

I confirm that the information given above is true and correct.

Signature

Date

Please include a portfolio with this application including:

1. CV or resume
2. Copy of your diplomas or other relevant documentaton
3. 1 passport sized photo
4. Registration fee KSh. 500/=
5. Annual membership fee Ksh 1000/=

After receiving this portfolio, we will ask you to undergo a certification written and oral review, including submitting 1 cured case with explanitory essay. Please see the document Certification Process available from our office or internet.