



## THE KENYA INSTITUTE OF PLANNERS

P.O. BOX 10682 Nairobi 00100 GPO Kenya, NSSF Building, Block A, Eastern Wing, 10th Flr,  
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### APPLICATION FOR MEMBERSHIP

(Rules 2.0, 2.1, 2.2 and 2.3)

The Application Form and all matters on membership to be submitted to the Registrar.

#### PART A. TO BE FILLED BY APPLICANT

##### I. Personal Details

1. Surname: .....
2. Other Names: .....
3. Gender (tick as appropriate) M  F
4. Postal Address: .....
5. Telephone Number: .....
6. Email Address: .....
7. Date of Birth: ..... 8. Nationality: .....
9. Date of Arrival in Kenya (if Foreign).....
10. Place of residence in Kenya: .....
11. Current Occupation: .....

##### II. Membership Status

1. Are you registered with the KIP (tick) Yes.  No.
2. If yes, what is your membership status?  
Category: ..... Standing: .....
4. Are you registered with any other planning Institute?  
Name: ..... Country: .....
6. Class of membership: Corporate  Graduate   
Student  Technician  Associate  Fellow
8. Class of membership applied for in KIP .....
9. Reasons for applying? .....
10. Period for which you need the status? .....

#### I. Educational Background

(Attach certified copies of the certificates and other testimonials)

Country	University/College	Degree/Diploma/Certificate	Date of Award

#### II. Practical Professional Planning Experience

From (Month / Year)	To (Month / Year)	Name of Employer	Designation/Position

\*\* If the space provided is insufficient type and attach a separate list.

III. Any Other Relevant Information

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IV. Applicant's Declaration

I declare that I have read, understood and agree to abide by the Constitution, Rules and Regulations of the Kenya Institute of Planners and to be bound by the principles and code of professional conduct contained therein.

I enclose a Banker's Cheque/Money order/Mpesa/Bank Slip for Application fees and one year's Annual Subscription.

I confirm that to the best of my knowledge the information I have given above is correct.

Signed: .....

Date: .....

PART B. TO BE COMPLETED BY APPLICANT'S SPONSORS

Notes:

1. This part (B) is to be completed by two sponsors who must be corporate Members of the Institute and who must be professionally acquainted with applicant.
2. The two sponsors MUST, as at the time when the application is lodged, be in good standing with the Institute. In the event that a sponsor is not in good standing and he/she signs, the application shall be deemed ineligible.
3. The sponsor is advised to read the following declaration before signing his/her proposition.

We being sponsors of ..... ID No .....

Recommend/Do not Recommend (strike as appropriate) him/her for membership of the institute do confirm that to the best of our knowledge the professional details entered above are correct.

First sponsor's full name

Second sponsor's full name

.....

.....

Corporate Membership No.....

Corporate Membership No.....

Address.....

Address.....

Signed..... Date.....

Signed..... Date.....

PART C. FOR OFFICIAL USE ONLY

I. Payments:

1. Sponsoring Institution/Individual:

.....

2. Application fees paid by cheque  Cash  M-pesa

Amount.....Date.....

3. Annual Subscription paid: cheque  Cash  M-pesa

Amount.....Date.....

4. Referred to qualification committee

Signed..... Date.....

5. Treasurer's confirmation

Signed..... Date.....

II. Committee Recommendation:

1. Recommendation on application

Recommended  Not Recommended

Reasons: .....

2. Committee chair

Signed..... Date.....

III. Council Approval:

1. Recommendation on application

Approve  Reject

Reasons: .....

2. Registrar: Signed..... Date.....

3. Chair: Signed..... Date.....