



WOMEN EDUCATIONAL RESEARCHERS OF KENYA (WERK)
LINKING RESEARCH TO ADVOCACY AND ACTION
ARGWINGS KODHEK ROAD
P.O. BOX 10565-00100, GPO NAIROBI
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**INDIVIDUAL MEMBERSHIP REGISTRATION FORM
(ORDINARY MEMBERS)**

A.PERSONAL DETAILS

i. Name:

ii. Age:

iii. Gender: Male Female

iv. Nationality: _____ ID/ Passport

Number(optional): _____

v. Postal address:

_____ Code: _____

vi. Telephone:

vii. Cell phone: _____ Email:

B.PROFESSIONAL INFORMATION:

i. Skills and Qualifications attained (specify)_____

Degree

(specify)_____

Diploma

(specify)_____

Certificate

(specify)_____

Short-term training

(specify)_____

Any other

(specify)_____

ii. Are you employed? Yes: No:

iii. If yes, give the following details:

Name of Employer: _____ Telephone:

iv. If no what are you currently doing?

v. What is your **vision** (in brief):

C.INTERESTS AND ACTIVITIES

Programme and Project Activities

i. Are you a member of any organization, community or social group?

Yes:

No:

ii. If yes name the group / organization _____

iii. What thematic area(s) does your organization cover?

Education

- HIV/aids
- Environment
- Policy
- Gender
- Substance and drug abuse

Others specify _____

D. INDIVIDUAL STRENGTHS AND CHALLENGES

i. What areas of interest do you find in WERK?

iii. What are your key strength or capacities?

iii. Attach your **detailed curriculum vitae**

Sign:

_____ Date _____/_____/_____

E. FOR OFFICIAL USE ONLY

Checked by:

Full name:

Signature:

Date:

Approved:

Declined:

Approved by:

Full name:

Signature:

Date:

If application declined reason for decline.

Official stamp

N/B: PLEASE RETURN THIS FORM TOGETHER WITH A COPY OF YOUR CV VIA EMAIL ON werk@werk.co.ke or drop a hard copy to our office.