



WOMEN EDUCATIONAL RESEARCHERS OF KENYA
Linking Research to Advocacy and Action

1171 ARGWINGS KODHEK, NEXT TO KILIMANI PRIMARY SCHOOL

P.O.BOX 10565-00100, NAIROBI, KENYA

Tel. +254 722 888919 / +254 732 888919 | E-Mail: werk@werk.co.ke | Website: www.werk.co.ke

INDIVIDUAL MEMBERSHIP REGISTRATION FORM

-FULL MEMBERS-

A. PERSONAL DETAILS

i. Name:

ii. Date of Birth:

____/____/____ (DD/MM/YYYY)

iii. Gender: Female Male

iv. Nationality: _____

ID/ Passport Number (optional): _____

v. Postal address:

P.O.BOX	Code:	City:	Country:
_____	_____	_____	_____

vi. Telephone number:

vii. Cell phone: _____ / _____

viii. Email address:

a. _____

b. _____

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:

If yes, give the following details:

a. Name of current Employer: _____

b. Telephone contact of employer/work place: _____

If not employed, what are you currently doing?

iii. What is your **vision** (in brief)?:



0722888919
0732888919



werk@werk.co.ke
info@werk.co.ke



1171 Argwings Kodhek,
Opposite Engen Petrol Station,



WERK_Official
Women Educational
Researchers of Kenya

C. INTERESTS AND ACTIVITIES

Programme and Project Activities

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

Yes: No:

a. If yes, please name the organization

b. What thematic area(s) does the organization cover?

Education HIV/AIDS Environment

Policy Gender Substance and drug abuse

Other (please specify)

D. INDIVIDUAL STRENGTHS AND CHALLENGES

i. What areas interest you about WERK?

ii. What are your key strengths or capacities?

iii. Attach your **detailed curriculum vitae**

Sign:

Date _____/_____/_____



0722888919
0732888919



werk@werk.co.ke
info@werk.co.ke



1171 Argwings Kodhek,
Opposite Engen Petrol Station,



WERK_Official
Women Educational
Researchers of Kenya

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 submit this form along with a copy of your curriculum vitae to WERK for consideration;
Via e-mail, to werk@werk.co.ke or drop a hard copy to our office per the address below.**



0722888919
0732888919



werk@werk.co.ke
info@werk.co.ke



1171 Argwings Kodhek,
Opposite Engen Petrol Station,



WERK_Official
Women Educational
Researchers of Kenya