



ASSOCIATION OF CHARITABLE CHILDREN INSTITUTIONS OF KENYA

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Serial No. _____

Membership Application Form

ACCIIK MEMBERSHIP AND CONTRIBUTION

Full Membership

This category of membership is open to any Charitable Children Institution (C.C.I) that fulfils the following:

- Registered by the Department of Children Services
- Payment of Membership contribution of Kenya Shillings 5000/= (Five thousand) renewable annually.

The member can vie and vote for election at the County, Regional and National ACCIIK post.

Associate Membership

This category of membership is open to any Charitable Children Institution (C.C.I) that fulfils the following:

- The CCI's existence is recognized by the AAC (Area Advisory Council)
- Payment of Membership contribution of Kenya Shillings 3000/= (Three thousand) renewable annually.

The member is entitled to all other benefits but cannot vie and vote for election at the County, Regional and National ACCIIK post.

MEMBERSHIP BENEFITS

1. Access to technical professional advice on management of CCI / Childcare
2. Training and capacity building through workshops / seminars
3. Collective representation of members in pursuance of their interest
4. Use of resource center and dissemination of information materials
5. Networking opportunities and engagement
6. Recommendation for funding to donors / development agencies
7. Opportunities for volunteers placement
8. Participation in country / regional exchange programs
9. Being featured in ACCIIK annual magazine, directory and the website

Please remit your payment to:

A/c name: Association of Charitable Children Institutions of Kenya
A/c No. 0010294579971
Equity Bank, Fourways branch
Nairobi Kenya

All payments will be acknowledged.

Full Membership

Name of C.C.I							
Registration No.		Year Founded		Registration Date			
Postal Address							
County							
Physical address							
Tel.				Mobile			
Email							
Number of children accomodated:	Boys		Girls		Total		

Associate Membership

Name of C.C.I							
AAC Minute No.		Date					
Postal Address							
County							
Physical address							
Tel.				Mobile			
Email							
Number of children accomodated:	Boys		Girls		Total		

MEMBER DECLARATION

I declare that I will abide by the constitution of Association of Charitable Children Institutions of Kenya (ACCIK) and any other resolutions of the Annual Delegates Conference (ADC) and the National Executive Council that may be made from time to time.

Signed by the authorized person (in-charge of the C.C.I)

Name:.....Signature:.....Date:.....

FOR OFFICIAL USE ONLY

Date of payment..... Cheque / Cash :..... Receipt No.....

ACCIK Membership Number:

ACCIK Executive Officer: SignatureDate:.....