AGRICULTURAL EMPLOYERS ASSOCIATION
MEMBERSHIP APPLICATION FORM

AFFIX PHOTO(S)

1. Applicants Details

Name of Company

COMPANY REGISTRATION NO | KRA PIN NO

Please give a brief description of nature of your business

How did you know about Agricultural Employers Association

Physical Location

Branches Locations (If Any)

Postal Address | Postal Code | Town

Email Address | Telephone Number

Website

What are your expectations for wishing to join the Association

Provide a copy of the Company Certificate of Incorporation, KRA PIN and current CR 12

2. Directors Details

Director/Shareholder 1

Name

Nationality | ID/Passport No.

Occupation

Company/Business Name | Position Held

Current Residence

Postal Address	Postal Code	Town

Email Address	Telephone Number

Director/Shareholder 2

Name	
Nationality	ID/Passport No.
Occupation	
Company/Business Name	Position Held
Current Residence	

Postal Address	Postal Code	Town

Email Address	Telephone Number

3. Company Operations

Total Number of Employees:	
Permanent Employees	Casual Employees
Seasonal Employees	Outsourced Employees
No. of Unionisable Employees	

Name of General Manager	Contact details
Telephone No.	Email Address
Name of HR Manager	Contact Details
Telephone No.	Email Address
Name of Accounts/Finance	Contact Details
Telephone No.	Email Address

Provide accurate details above for purposes of computing membership fees on the basis of the Association's constitution

If applying as an Associate Member, the above section does not apply. Please use the below Section;

Name of General Manager	Contact details
Telephone No.	Email Address
Name of HR Manager	Contact Details
Telephone No.	Email Address
Name of Accounts/Finance	Contact Details
Telephone No.	Email Address

4. Other Membership

Are you currently a member of any other membership Association(s)? Yes No

If yes, list the Association(s)

Have you served as a board member/director in any association Yes No

If yes, give details

Have you been expelled from any Association(s)? Yes No

If yes, state the Association(s) and reason(s)

Have you been declared bankrupt by a court of law from any jurisdiction? Yes No

If yes, explain

DECLARATION

I certify that the information I have given above is complete and accurate to the best of my knowledge and confirm that I desire to become a member of Agricultural Employers Association and hereby agree to be bound by its constitution set from time to time. I understand the subscriptions, fees and financial obligations of membership and hereby undertake and promise to meet all such financial obligations promptly. I also understand that any false or misleading information in connection to this membership application will lead to automatic rejection.

Name of the Applicant	
Signature	**Date**

Disclaimer: *Making an application for membership does not guarantee the applicant to membership of Agricultural Employers Association. Approval is subject to the Committee's decision, which decision shall be final.*

PROPOSER

I_____Membership No._____being a member of this Association, active and in good standing do hereby propose …….. to join Agricultural Employers Association membership.

Proposer's Address	**Email**	
Telephone Number	**Signature**	**Date**

FOR OFFICIAL USE ONLY

CHECKLIST

A. Passport photo of the Directors provided

B. Membership application duly completed by Applicant and Proposer.

C. Membership application duly signed by Applicant and Proposer

D. Has the applicant paid full membership fees?

E. Company Certificate of Incorporation, CR12 & KRA Pin Certificate

RECOMMENDATION