



**KENYA MEDICAL PRACTITIONERS PHARMACISTS AND DENTISTS' UNION**

NGONG ROAD • 5<sup>TH</sup> AVENUE OFFICE SUITES • SUITE 7-14  
P.O. BOX 157-00202 KNH, NAIROBI • PHONE 020-2710506  
E-MAIL [nec@kmpdu.org](mailto:nec@kmpdu.org) • WEBSITE [www.kmpdu.org](http://www.kmpdu.org)

**MEMBERSHIP REGISTRATION FORM**

**NAME** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_

**GENDER** \_\_\_\_\_

**ID NO.** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**P.O. BOX** \_\_\_\_\_

**EMPLOYER** \_\_\_\_\_

**EMPLOYMENT NUMBER** \_\_\_\_\_

**WORK STATION** \_\_\_\_\_

**SPECIALIZATION** \_\_\_\_\_

**MEDICAL BOARD NUMBER** \_\_\_\_\_

**DOCTORS' UNION NUMBER** \_\_\_\_\_

**NEXT OF KIN** \_\_\_\_\_

**NEXT OF KIN'S CONTACTS** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_