



NUBEK, POST 9471-00100, NAIROBI.

[TEL:0771704422](tel:0771704422)

Email:nubekkenya@yahoo.com Spot on complex,

NATIONAL UNION OF BIOMEDICAL ENGINEERS OF KENYA (NUBEK)

MEMBERSHIP REGISTRATION FORM.

NAME: _____

DATE OF BIRTH: _____

ID NO: _____

PHONE NO: _____

EMAIL: _____

EMPLOYER & EMPLOYMENT NO: (Write NA ,if self- employed or not employed at all)

COUNTY _____

SIGNATURE: _____

DATE _____

N/B-Attach KCSE certificate

-Biomedical professional certificate

-copies of ID

-2 passport photos

-**ksh.500 REG PAID ONCE IN ALIFETIME.KSH.300 MONTHLY SUBSCRIPTION.**

DECLARATION: I THE UNDERSIGNED DECLARE THAT THIS INFORMATION GIVEN IS TRUE & I WILL ABIDE BY NUBEK RULES AND REGULATIONS.



NUBEK, POST 9471-00100, NAIROBI.

[TEL:0771704422](tel:0771704422)

Email:nubekenya@yahoo.com Spot on complex,

BANK ACCOUNT DETAILS.

LIPA NA MPESA **PAYBILL NO.522522**

ACCOUNT NO: 1238834868 (KCB)

FORWARD PAYMENT MESSAGE TO OFFICE NO.0771704422 FOR REC.

FOR OFFICIAL USE ONLY

NUBEK STEERING COMMITTEE VERIFICATIONS.

- a. Correct details affirmation_____
- b. Payment affirmation BANK or MPESA code_____
- c. All documents submitted_____

SG.

APPROVAL AS NUBEK AMEMBER.

MEMBERSHIP NO._____

SECRETARY GENERAL_____

NAME_____

SIGN_____

DATE_____

REMARKS_____

CHAIRPERSON_____

NAME_____

SIGN_____

DATE_____