

SOCIETY OF RADIOGRAPHY IN KENYA (SORK)

APPLICATION FOR MEMBERSHIP FORM

PERSONAL DETAILS

NAME: MR/MRS/MS/DR:

WORKSTATION:

POSTAL ADDRESS:

MOBILE PHONE:

EMAIL ADDRESS:

QUALIFICATIONS

1. Basic

2. Post Basic

3. Publications : (Research/Topical/Other)

4. Current CPD Portfolio credit ratings

*CATEGORY OF MEMBERSHIP APPLIED FOR AND REGISTRATION AND SUBSCRIPTION FEES
(PLEASE TICK WHERE APPROPRIATE)*

MEMBERSHIP TYPE	REGISTRATION FEE	ANNUAL SUBSCRIPTION
1. Full <input type="checkbox"/>	KES 1000 [US\$15.00]	KES 6000 [US\$90.00]
2. Associate		
Individual <input type="checkbox"/>	KES 1000 [US\$15.00]	KES 3000 [US\$45.00]
Corporate <input type="checkbox"/>	KES 1000 [US\$15.00]	KES 30,000 [US\$400.00]
3. Life Membership <input type="checkbox"/>	KES 10,000 [US\$150.00]	KES 6000 [US\$90.00]

I hereby register with the society at a fee of KES..... /US\$....., and, a subscription fee of KES...../US\$..... and agree to abide by the rules and the regulations of the Society so as to uphold the professional integrity of Radiography in Kenya and the world at large.

Signed Date

FOR OFFICIAL USE ONLY

Date received

Approved Rejected

Reasons for rejection

Signed: Hon. Secretary Date