



*Better Towns, Counties & Country*

**TOWN AND COUNTY PLANNERS ASSOCIATION OF KENYA**

White Court—Galana Road, Kilimani  
 P.O. Box 15692-00100 GPO Nairobi Kenya  
 Phone: +254-20-2717533 / 3874192  
 E-mail: tcpakassociation@yahoo.com

**MEMBERSHIP APPLICATION FORM**

**PART 1: MEMBERSHIP CLASS**

	MEMBERSHIP CLASS	Tick		MEMBERSHIP CLASS	Tick
1-1	Fellow Member		1-6	Visiting Member	
1-2	Corporate Member		1-7	Firm Members	
1-3	Graduate Member		1-8	Institutional Member	
1-4	Technician Member		1-9	Associate Member	
1-5	Student Member		1-10	Honorary Member	

*NOTE: Refer to TCPAK Constitution for specific qualifications for each membership class.*

**PART 2: APPLICANT DETAILS—INDIVIDUAL MEMBERSHIP**

2-1	SURNAME :	
2-2	OTHER NAMES:	
2-3	GENDER:	
2-4	ADDRESS:	P.O. BOX CODE:
2-5	PHONE:	
2-6	EMAIL:	
2-7	NATIONALITY:	
2-8	NATIONAL ID / PASSPORT NO:	
2-9	COUNTY:	
2-10	DATE OF BIRTH:	

**PART 3: EDUCATION BACKGROUND AND PROFESSIONAL QUALIFICATIONS**

QUALIFICATION OBTAINED	ACADEMIC INSTITUTION	DATE COMPLETED
3-1:		
3-2:		
3-3:		

**PART 4: DETAILS ON PRACTICAL PROFESSIONAL EXPERIENCE**

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**PART 5: PROFESSIONAL REGISTRATION**

5-1. Are you registered by the relevant registration board in Kenya? (*Attach Registration Certificate*) \_\_\_\_\_

5-2. Registration Number: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

**PART 6: TO BE COMPLETED BY APPLICANT SPONSORS**

We being sponsors of the applicant recommend him/her for membership of the Town and County Planners Association of Kenya and do confirm that to the best of our knowledge, the professional details entered above are correct.

**1. First Sponsor**

6-1.Full Name: \_\_\_\_\_ 6-2.TCPAK Membership No: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Second Sponsor**

6-3. Full Name: \_\_\_\_\_ 6-4. TCPAK Membership No: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: Part 6 is to be completed by two sponsors who must be Fellow / Corporate members of the Association.*

**PART 7: FIRM / INSTITUTION DETAILS**

7-1. Name of Firm: \_\_\_\_\_  
7-2. P.O. Box: \_\_\_\_\_ 7-3. City/Town \_\_\_\_\_ 7-4 Code \_\_\_\_\_  
7-5. Telephone: \_\_\_\_\_ 7-6. Cell phone \_\_\_\_\_  
7-7. Email: \_\_\_\_\_ 7-8. Physical Address: \_\_\_\_\_  
7-9. Is the firm/Institution registered with the Registrar General? NO / Yes (*Attach copy of Registration Certificate*)  
7-10. Is the firm registered with the relevant registration board in Kenya? No / Yes (*Attach copy of Registration Certificate*)

**PART 8: APPLICANT DECLARATION**

I declare that I agree to abide by the Constitution and By-Laws of the Town and County Planners Association of Kenya and to be bound by the Principles and Code of Conduct contained therein. I confirm that to the best of my knowledge, the information I have given above is correct.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

**PART 8: VERIFICATION BY TREASURER**

8-1. Entrance Fee Paid: \_\_\_\_\_ 8-2. Annual Subscription Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 9: APPROVAL BY COUNTY COMMITTEE**

9-1. Application Approved: \_\_\_\_\_ 9-2. Not Approved \_\_\_\_\_

County Chairman (Name): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 10: APPROVAL BY NATIONAL COUNCIL**

10-1. Application Approved: \_\_\_\_\_ 10-2. Not Approved \_\_\_\_\_

TCPAK Chairman (Name): \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 11: REGISTER ENTRY BY REGISTRAR**

11-1. Applicant Registration Number: \_\_\_\_\_

Registrar Name \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_