KEHPCA FRIENDSHIP/MEMBERSHIP SUBSCRIPTION FORM

Name: _________________________________________________________________

Address: ______________________________________________________________________

Telephone: ______________________ Email: ________________________________

Profession: ____________________ Place of work: _________________________

Subscription Fee Structure (Annually) Please tick the appropriate box.

<table>
<thead>
<tr>
<th>Categories</th>
<th>Amount</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care Organizations / Programmes /CSOs</td>
<td>Kshs10,000</td>
<td></td>
</tr>
<tr>
<td>Corporate organizations</td>
<td>Kshs 50,000</td>
<td></td>
</tr>
<tr>
<td>Individual Friendship fee</td>
<td>Kshs.1,000</td>
<td></td>
</tr>
<tr>
<td>Student Friendship fee</td>
<td>Kshs. 200</td>
<td></td>
</tr>
<tr>
<td>Optional Donation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Subscription renewals are made in JANUARY every year to ensure Member/Friend validity.

What are the benefits of KEHPCA member/friend?

• Opportunity to partner with KEHPCA in advocating for access to quality health care
• Opportunity to undertake joint research initiatives/ programs with KEHPCA
• Enjoy reduced rates at KEHPCA palliative care conferences
• Recommendation for membership with the IAHPC (International Association of Hospice and Palliative Care) and other partners
• Getting recommendation letters from KEHPCA while applying for funds and grants for organizational support
• Access to KEHPCA’s resource center where members/friends can access information on palliative care

NB: KEHPCA is an institutional membership organization.
• Receive regular updates on local and international palliative care initiatives and activities including newsletters
• Networking opportunities with palliative care experts in various fora organized by KEHPCA locally and internationally
• Receiving technical support from KEHPCA when setting up palliative services
• Opportunity to submit and publish your palliative care and related information/news on KEHPCA platforms

Payment Methods

☐ M-Pesa

• Go to the Safaricom Menu on your phone / select the MPESA option
• Select the Pay Bill option / enter KEHPCA's Business number 830600
• For the account name indicate Membership
• Enter the correct registration amount / key in your PIN
• Confirm your transaction / wait for a confirmation message from MPESA

☐ Cash

☐ Cheque

Please make payable to: Kenya Hospices and Palliative Care Association

☐ Bank Transfer

ACCOUNT NAME: KEHPCA
BANK: BARCLAYS BANK OF KENYA
BRANCH: HURLINGHAM
ACCOUNT NO: 045-1023993

(Please send a scanned copy of the deposit slip to info@kehpca.org)

Please scan/return this form, including payment details, to:

Admin Assistant, KEHPCA
P.O. Box 20854, 00202
Nairobi, Kenya
Tel: +254-20-2729302
Email: info@kehpca.org

Signed: ________________________________ Date: ______________________