

<p><b>INSTRUCTIONS</b> Please answer each question in capital letters or type and send it back. Do not give cash to the person who recruited you.</p>		<p>FOK Membership No:</p>
---	--	---------------------------

Family name		First name	Middle name	Maiden name, if any Sex
Date of birth	Place of birth County	Present Residence County	Personal contact	
ID Number	Constituency	Constituency	Telephone: Email:	
Next of kin/relative Name: Telephone contact: Email:		List any acquired skills- certificate/diploma or Degree you have:	Occupation:	
Talent: What are you naturally best at:		Why do you want to join Face of Kenya?	Leadership history: please list leadership positions held in the past.	
Achievements :Please list any achievements you have made or significant publications		What is your personal dream in life?	How did you know about Face of Kenya? Internet , pamphlet, radio or other	
Who introduced you to FOK Name:		What resources can you provide to the work of Face of Kenya?	Do you want to make a monthly or one off donation to The Face of Kenya? One off Amount..... Monthly Amount.....	
Please choose your category on the next page. Once you have completed filling this form please return it to the person who recruited you ,you may also scan and send it to the email address below or send it by post to the postal address provided below.				
Declaration: I declare that this information is true, complete and correct to the best of my knowledge and belief.				
Name :		Signature:	Date:	
For official use: Ambassador in charge: Remarks:				

Kindly submit the complete application form to [info@thefaceofkenya.com](mailto:info@thefaceofkenya.com) or through P.O.BOX 24969-00100 Nairobi.  
Tel 0750886924,020 2314030, [www.thefaceofkenya.com](http://www.thefaceofkenya.com)  
You may hand deliver the form to the person who recruited you.