



KENYA SOCIETY OF ORTHOTRAUMA TECHNOLOGISTS

"Excellence in Orthopaedic Trauma Care"

P.O. Box 19533-00202, Nairobi, Kenya • Email: kesott2015@gmail.com

APPLICATION FOR MEMBERSHIP

DATE:



A. INSTRUCTIONS

1. This form should be completed in full
2. Use CAPITAL letters only
3. The form must be accompanied by a coloured passport size photo
4. Attach copy of College certificate

B. PERSONAL DETAILS

SURNAME.....
FIRST NAME.....OTHER NAME.....
NATIONALITY.....DATE OF BIRTH.....
MOBILE PHONE NUMBER.....
NATIONAL ID CARD NUMBER/PASSPORT NO.....
COUNTY.....DISTRICT.....SUB COUNTY.....
DIVISION.....LOCATION.....SUB LOCATION.....
POST OFFICE BOX.....CODE.....TOWN.....
EMAIL ADDRESS.....
NEXT OF KIN.....TEL.....
RELATIONSHIP.....
COLLEGE TRAINED.....
YEAR TRAINED FROM TO
QUALIFICATION
MODE OF PAYMENTS
EMPLOYED? YES [] NO []

C. EMPLOYMENT DETAIL

EMPLOYER.....
PERSONAL NO..... WORK STATION
COUNTY.....
DESIGNATION.....
CURRENT ADDRESS.....
SIGNATURE DATE:

"Skilled hands in the front line"

D. FOR OFFICIAL USE

ACCEPTED [] MEMBERSHIP NO.

REJECTED []

REASON FOR REJECTION

.....
NATIONAL SECRETARY.....SIGN DATE.....

NATIONAL CHAIRMANSIGNDATE.....

AMOUNT PAID KSH..... RECEIPT NO:



OFFICIAL STAMP

ACCOUNT DETAILS

Account Name : Kenya Society of Orthotrauma Technologists
Account No : 01248086577500
Bank Name : National Bank of Kenya
Bank Code : Nbkekenx329
Branch : Hospital Branch
Branch Code : 12025