

Christian Medical and Dental Association of Kenya, CMDA (K)

P. O. Box 20954, 00202, Tel: 020 2710768, 0722264889, 0733339585

Email: admin@cmfkenya.org

Annual Subscription Form (2009)

Personal Details:

FAMILY

Names:..... Institution:.....

Tel: (Office):..... (Mobile):.....

Email:.....

Address: P. O. Box, Town:.....

Subscription:

You can pay the **Kes 1500** annual fee(A) or opt for the monthly graduated fee to support CMF more (B) or Pledge (C) as has been the case by a number of members

A

Annual Subscription	
Member	1500
Spouse of member	1000
Students	100

B

Monthly Graduated Subscription	
Interns	200
MOs	300
Senior MOs/ Registrars	500
Consultants	800
Senior Consultants	1000

C - Pledge any other Amount: Kes _____

Frequency

Declaration of faith:

“In joining Christian Medical and Dental Association of Kenya, I declare my faith in God the Father and in God the Son, the Lord Jesus Christ, who is my personal savior. I desire to live under the authority of God the Holy Spirit speaking through the Bible, the divinely appointed authority in matters of faith and conduct. I commit to uphold the Constitution of the Association and abide by the provisions set therein.”

Signed:.....

Date:.....

Address Cheques to: Christian Medical Fellowship

Account Details

Christian Medical Fellowship

A/c No : 0030020239, CFC-Stanbic Bank, Upper Hill

A/c No: 1036904, Barclays Bank, Hurlingham

Or Mpesa

0722264889

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