



Chariots of Destiny

One step at a time...!

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Membership Application Form

Form No.: _____

Date: _____

Type of membership

<p>JUNIOR</p> <p>Annual <input type="checkbox"/> (Ksh 300) Life <input type="checkbox"/> (Ksh 3,000)</p>	<p>ADULTS</p> <p>Annual <input type="checkbox"/> (Ksh 1,000) Life <input type="checkbox"/> (Ksh 10,000)</p>
<p>CORPORATE</p> <p>Annual <input type="checkbox"/> (Ksh 10,00) Life <input type="checkbox"/> (Ksh 100,000)</p>	<p>SPONSOR</p> <p>Amount _____</p>

Name: _____

Gender: Male Female Profession: _____

ID or Passport No.: _____

Postal address: _____ Post code: _____ Town/City: _____

State/Country: _____ Residential address: _____

Tel: Office: _____ House: _____

Mobile: _____ Email: _____

Signature: _____

(Applicant)

Signature: _____

(On behalf of CoD)