

**THE AGRICULTURAL SOCIETY OF KENYA**

**(Name and address of member)**

.....  
.....  
.....

Date.....

The Chief Executive  
Agricultural Society of Kenya  
P.O. Box 30176-00100 GPO  
**NAIROBI.**

**RE: MEMBERSHIP SUBSCRIPTION FORM.**

I/We wish to renew / subscribe for membership of the society as indicated below.

<b>Type of Membership</b>	<b>Membership Fee</b>	<b>No. of members</b>	<b>Total Amount</b>	<b>Remarks</b>
Full Member and Guest	3, 000			
Single Member	2, 000			
Armed Forces Member and Guest	800			
Young Farmers Club of Kenya	400			
Executive Member and Guest	8, 500			
KPO Member and Guest	3, 000			

**Enclosed** is Cash /Cheque / Money or Postal Order No.....

A list of names and postal address of the proposed member attached.

Yours faithfully.

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**THE AGRICULTURAL SOCIETY OF KENYA**

Before an application for membership of the Agricultural Society of Kenya will be considered by the council, this form must be fully completed.

**NOTE:**

Applicants for membership who are owners of purebred livestock should note that their membership must be in the same name as their entries of Kenya Stud Book.

Chief Executive  
P.O. Box 30176  
NAIROBI.

I.....

(Please state full rank, style, Title and Decorations if any) hereby apply for membership of THE AGRICULTURAL SOCIETY OF KENYA.

I am over / under 18 years of age

If under 18 give date of birth.....and if a member of Y.F.C give name of club.....

and

Patron.....

I am a – Farmer

- Farm Manager

– Employed on a Farm

– Connected with Farming

– Not connected with farming in any way.

The following are the names and addresses of two referees on my behalf.

1. ....

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2. ....

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I have / have not in the past been a member of the Agricultural Society of Kenya.

If so, give date of previous Membership.....

I hereby certify that the above information is correct, and I engage if elected, to pay annual subscription and to confirm to the rules and regulations of the Society until I shall resign by notice in writing to the Chief Executive.

I have filled from on the reverse.

Signed..... Date.....

Address.....

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