



BA TRU ALO KELIKO COMMUNITY DEVELOPMENT ASSOCIATION

One Time Membership Registration Form

DATE OF REGISTRATION: _____

Name(s): _____

(please include full names of both partners, if applicable)

Children's names

(Optional): _____

Address: _____

Postal Code: _____ Phone Number: _____ E-mail: _____

I authorize BTAKCDA to send me e-mails regarding community news, events & programs: Yes No

Your personal Information will be used for BTAKCDA purposes only and will never be given or sold to third parties.

Yes, I would consider volunteering my time, interest, or experience in the areas of...

Communications & Marketing

Special Events

Membership

Fundraising.

Membership Fees:

Regular: A resident membership shall include up to two (2) adults and their children (up to and including the age of 17 years) living in the same household. A resident member must live within the community association boundaries and HE/SHE is entitled to the vote at BTAKCDA general meeting. Regular membership has all the benefits of BTAKCDA

FEE = 35 _____

Associate: An Associate membership shall include up to two (2) adults and their children (up to and including the age of 17 year) living in the same household. A non-resident member is someone who lives outside the community association boundaries. A non-resident is not entitled to vote at the BTAKCDA general meetings. Associate membership has all the benefits of BTAKCDA

FEE = \$35 _____

Honorary: Be recognized individuals or organizations with demonstrable interest in the BTAKCDA who have rendered notable and outstanding service to the organization. May attend meetings or events of the organization; Have no voting right and not subject to memberships' dues/fees requirements. Honorary membership has all the benefits of BTAKCDA

FEE = \$50 _____

Additional donation: _____

Tax receipt will be provided

Payment:

In person: With cash, cheque, debit, Visa, Mastercard, Mpesa, MGurus or Mobile money

By mail or email: I have enclosed a cheque

Please process my credit card (Visa or Mastercard)

Card Number: _____ Expiry: _____

Name on card: _____ Signature: _____

Form can be mailed to address/office (address is work in progress) OR emailed to organisation's email address: info@btakcda.org
Memberships processed via mail, email or online will be issued a membership card through the mail. Please allow time for delivery.