



**NATIONAL EMPOWERMENT NETWORK OF PEOPLE LIVING WITH HIV/AIDS IN KENYA
BOARD APPLICATION FORM.**

APPLICANT DETAILS

NAME OF APPLICANT _____ SEX _____

POSTAL ADDRESS _____

E- Mail _____ CELL PHONE _____

HIGHEST LEVEL OF EDUCATION _____

PROFESSION _____

POSITION APPLYING FOR _____

SUPPORTING ORGANIZATION

ORGANIZATION NAME _____

YEAR OF REGISTRATION WITH NEPHAK _____

DATE OF LAST RENEWAL _____ NEPHAK REG. NO _____

TYPE OF ORGANIZATION: NGO [] CBO [] FBO [] NETWORK []

COUNTY: _____ SUB-COUNTY: _____ CONSTITUENCY _____

CONSENT BY CANDIDATE

I _____ do hereby confirm that I will adhere to NEPHAK Policies and Procedures and the NGOs Board Regulations if elected.

SIGNATURE. _____ I.D No. _____ DATE _____

RECIEVED BY NEPHAK SECRETARIAT

NAME	DESIGNATION	DATE	SIGNATURE