

**The National Empowerment Network of People Living with HIV/AIDS in Kenya
(NEPHAK)**

ORGANIZATION/GROUP MEMBERSHIP REGISTRATION FORM

NEPHAK is a national network that unites and improves the quality of life of people living with HIV and those affected by TB and HIV/AIDS through post-test clubs, support groups, community based organizations, non-governmental organizations and networks through co-ordination of PLWHA activities in Kenya.

It was established in the year 2000, in response to the growing need to harness the existing AIDS Service Organizations in Kenya to respond meaningfully to the impact of HIV/AIDS. NEPHAK exists to promote the voices and improve the situation of PLHA throughout the nation. Membership is open and voluntary to all PLWHA organizations. Join us today by completing this form.

PLEASE PRINT CLEARLY IN BOLD LETTERS

We would like to join NEPHAK as a (please indicate which category of membership you are requesting):

Friend of NEPHAK Organization Corporate

Name of organization/Group: _____

Contact Person 1: _____ Position: _____

Contact Person 2: _____ Position: _____

County _____ Sub-County _____

Division _____

Number of Members: _____ Female _____ Male _____ Total No.HIV+ _____ OVCs _____

Postal Address: _____

Physical address: _____

Tel: _____ Fax: _____

E-mail: _____

Organization goal: _____

Vision: _____

Mission: _____

Organization objective(s) _____

Organizations main activities _____

Members age bracket: (tick where applicable)

(0-15) (15-25) (25-35) (35-45)

(45-50) (Above 50)

Are you a registered organization/group Yes No

If yes, are you open about your status? Yes No

Are you in contact with other HIV+ people in your area? Yes No

Can we give your name and address to the NEPHAK regional contacts? Yes No

If you are not HIV positive, would you like to become a friend of NEPAK? Yes No

In which language would you like to receive information from NEPHAK?

English Kiswahili Other (other Specify) _____

Are you willing to allow NEPHAK to give your organization name to other relevant organizations so that you can also benefit from the services they may be offering (e.g. faith based organizations)? Yes No

Would you like to become actively involved in NEPHAK? Yes No

Do you have access to office equipment? Yes No

Would you like to speak as a NEPHAK member with HIV? Yes No

Would your organization be prepared to speak on television or radio? Yes No

What languages do you speak? (Please indicate whether basic, conversational or fluent).

English French Kiswahili Other (please specify) _____

What are your particular interests/concerns?

How would you like NEPHAK to represent you?

Is there any information you would like to add?

I, we wish to become a member(s) of the National Empowerment Network of People Living with HIV/AIDS in Kenya.

SIGNATURE: _____ DATE: _____

Please be assured that this information is treated as private and confidential.

Once completed please return this form with a copy of your Organization registration certificate to the following address:

National Empowerment Network of People Living with HIV/AIDS in Kenya

P.O. Box 75654, 00200

Nairobi, Kenya

Tel: 3875917/3862271 Cell: 0720-209694

Tel/Fax: 3861376

Email: info@nephak.or.ke

MEMBERSHIP FEES ANNUALLY:

Registered PLWHA organizations

Kshs. 1000.00

Non-PLWHA/Corporate

Kshs. 10,000.00