



**Federation of Women Lawyers - FIDA Kenya**

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**Membership Form**

I wish to:

Apply for New Membership

Year of Admission

Renew Membership

Membership Number

Category	Group	Entry Fee	Annual Subscription	Defaulting Fine
Advocate of over 11 Years	A	1,500/=	3,000/=	400/=
Advocate of 6 - 10 Years	B	1,000/=	2,000/=	350/=
Advocate of 0 - 5 Years	C	750/=	1,500/=	300/=
Student	D	500/=	500/=	250/=

Kindly include your letter of admission to University, your letter of admission to the Kenya School of Law, your Certificate of Admission and/or Practicing Certificate as relates to your entry category.

Title	Name		
Work Address			
City		Postal Code	
Tel No.	Fax No.	Email	
Mobile No.			
Home Address			
City		Postal Code	
Tel No.	Fax No.	Email	
Other Information			

**Mailing Instructions**

Please send all my correspondence to:  My Work Address  Home Address

I enclose herewith a cheque/cash to the value of  Kshs.

Date

Signature

Received By (Name) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**EDUCATION BACKGROUND**

Name of Institution	Field of Study	Degree/Diploma	Dates	
			Attended	Received

Please tick your areas of interest within the scope of FIDA'S WORK

a) Legal Aid Services / Pro Bono		b) Gender Violence	
c) Matrimonial Case Law		d) Women In Political Participation	
e) Reproductive Rights		f) Women's Rights Monitoring & Advocacy	
g) Employment & Labor Rights			

**Kindly include a personal statement on why you want to join FIDA Kenya and the activities you would like to be involved in.**

**DECLARATION:** I understand that membership to the Organization is subject to provisions laid down in the Constitution, and undertake to support the objects of the organization if accepted into membership.

I certify that the information given in this application is complete and accurate to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Proposing Member \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Seconding Member \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_