



KENYATTA UNIVERSITY CHAPTER

REGISTRATION FORM

(Fill in Duplicate)

Pursuant to Article 4 of our Constitution and Section 32 of the Labour Relations Act, Academic staff members who are paying agency fee are not recognized as members of the union. In order for you to be a member we require that you give the information indicated below:

NAME: *Prof/Dr/Mr/Mrs/Ms*.....

PF. NO. : **NATIONAL ID:**

DEPARTMENT

PERMANENT ADDRESS:

.....

Mobile No:

E-MAIL ADDRESS:

SIGNATURE:

DATE:

To Finance Officer

Kenyatta University

By a copy of this form, you are hereby authorized to remit my union dues to UASU being 2% of my basic salary. Equally, remit Kshs. 500/- being one off payment, union membership entry fee.

Name Signature..... PF No.....

Signed: **(CHAIRMAN)** Signed:**(CHAPTER SECRETARY)**