



**THE AUTOMOBILE ASSOCIATION**  
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# FULL MEMBERSHIP APPLICATION FORM

Fill in this form in block capitals, and send it with your remittance NOW			
SURNAME			
OTHER NAMES			
ADDRESS: P. O. BOX			
RESIDENTIAL			
TELEPHONE			
EMAIL			
DATE OF BIRTH			
FULL NAME OF SPOUSE			
MEMBERSHIP NUMBER			
ENROLMENT FEE	KSHS	500/-	
ANNUAL SUBSCRIPTION	KSHS	3500/-	
SPOUSE ENROLMENT FEE	KSHS	250/-	
ANNUAL SUBSCRIPTION	KSHS	1750/-	
TOTAL		KSHS	

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**


REC. NO.			
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AMOUNT REC.		BY	CASH/CHEQUE
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