KENYA COMMUNITY IN PENNSYLVANIA (KCIP)
207 Berkley Drive, Harrisburg, PA 17112|
Email: KCIPwelfaregroup@gmail.com

KCIP WELFARE REGISTRATION FORM

PLEASE PRINT LEGIBLY AND WRITE N/A Where not applicable Plan Options: **Individual Member**

Application's Information:

Full Name	Email Address	Phone Number	Mailing Address

Next of Kin

Full Name	Email Address	Phone Number	Relationship

Beneficiaries (who will receive benefits in the event of member demise)

Name	Contact Information	Relationship	% Assigned

References (*Provide names of two people who live in the united states that know you and your family*)

Name	Phone Number	Email Address	Relationship

Applicant's Parents

Full Name (Father)	Status (Living /Deceased)	Full Name (Mother)	Status (Living/Deceased)

Applicant's Children (*Note that this list should not include step-children*)

1.	2.
3.	4.
5.	6.
7.	8.
9.	10.

Applicant's Brother/Sisters (*note that this list should not include step-siblings*)

1.	2.
3.	4.

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5.	**6.**
7.	**8.**
9.	**10.**

Declaration:

I, _____ (*Member Name*), on this _____ (Day), do acknowledge that I have received, read and understand all KCIP organization by-laws, constitution and without reservation or prejudice agreed to adhere to all of them unreservedly. I hereby attest that all information provided on this form is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the denial of my membership application or termination of my membership.

Notary Attestation:

State of: _____ County of: _____

Signed (or attested) before me on _____ (date) by _____

(name(s) of individual(s)).

Signature of notarial officer: _____

Stamp

Title of office _____

My commission expires:

Applicant's signature: _____

Date_____

KEEP A COPY FOR YOUR RECORDS AND MAIL THE ORIGINAL

Note that this form must be accompanied by a non-refundable membership fee of $100 (US Dollars One Hundred). In the event that membership is denied the fee will be refunded.

DO NOT WRITE BELOW THIS LINE

For official use only

Receiving Official _____

Amount Received _____

Application Approved/Denied _____