



Location: Lake View Estate, Naivasha, Nakuru County, Kenya | GDC South Rift Offices | E-mail: [info@gak.co.ke](mailto:info@gak.co.ke) | Office Tel: +254 759 213 020 ; Website: [www.gak.co.ke](http://www.gak.co.ke)  
Postal Address: 66642 – 00800, Nairobi

Please fill in the institution’s details below and send the filled-in form to [membership@gak.co.ke](mailto:membership@gak.co.ke) copying [info@gak.co.ke](mailto:info@gak.co.ke)

## INSTITUTION MEMBERSHIP: APPLICATION FORM

### Institution Information:

Institution Name: \_\_\_\_\_

Level of Institution [tick appropriate]: (University); (College); (High School) ; Other: \_\_\_\_\_

Institution Profile, [for listing on GAK website]

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### Institution Contacts:

	Contact 1	Contact 2
Name of Contact Person(s)		
Position of Contact Person(s)		
Physical Location		
Email		
Office Phone		
Mobile Phone		
Postal Address		

Membership Category (Please tick)

Institution:  Annual Institution Membership, Kshs 50,000 [Paid Per Calendar Year].

This can be paid directly into the Association Bank Account:

- Shilling Account: Co-operative Bank, Upper Hill Branch, Nairobi, A/C no. 011-2016-1683-000 OR
- Dollar Account:



Geothermal Association of Kenya

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**US Dollars International Bank Transfer Account name:** Geothermal Association of Kenya  
**Bank Name:** Cooperative Bank of Kenya  
**Bank Branch Name/Physical address:** Upper Hill, Nairobi, Kenya  
**Bank Address:** P.O Box 30415-00100, Nairobi  
**Account No:** 02120161683000  
**Branch Code:** 11037  
**Swift Code:** KCOO KENA

**Declaration**

In applying for membership, I declare that I will abide by the By-laws, rules and regulations of the Association.

Signed by the applicant (Contact 1):

\_\_\_\_\_

Date:

\_\_\_\_\_

Signed by the applicant (Contact 2):

\_\_\_\_\_

Date:

\_\_\_\_\_