



*Promoting Excellence in Training and Technology*

**P.O. Box 23445-00100, Nairobi Tel. 020-7858093, 0713-401061**

**Email. [info@katti.co.ke](mailto:info@katti.co.ke), [Katti.tvet@gmail.com](mailto:Katti.tvet@gmail.com), Website. [www.katti.co.ke](http://www.katti.co.ke)**

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## **MEMBERSHIP APPLICATION FORM**

1. Name of Institution .....
2. Public or Private .....
3. Location ..... Town/ County .....
4. Name of Director/Principal of the Institution at the time of application  
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5. Telephone Numbers:
  - (i) Official: .....
  - (ii) Personal Number of Director/ Principal at the time of application:  
.....
6. Email Address:
  - (i) Official: .....
  - (ii) Personal Email of Director/ VC/ Principal at the time of application:  
.....
  - (iii) Fax/ Website: .....
7. Year of Establishment: .....
8. Name of Ministry or Authority Responsible for the Institution at the time of application:  
.....

9. Physical Address: .....

10. Vision & Mission Statements of Institutions:

Vision.....

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Mission.....

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.....

Application completed by:

Name: .....

Position: .....

Signature: ..... Date: .....

Institution Official Stamp: .....

**NOTES:**

- (a) Membership Enrolment Fee is KES. 20,000 (payable once at the time of enrolment)
- (b) Annual subscription is KES 60,000 (payable annually)

**Bank details:**

**Name:** Kenya Association of Technical Training Institutions

**Bank:** Kenya Commercial Bank

**Branch:** Moi Avenue

**A/C No:** 1109047746

**Swift Code:** KCBLKENX

- (c) Completed forms should be sent to:  
The Secretary General (KATTI)  
P.O. Box 23445-00100, Nairobi  
Tel. 020-7858093, 0713-401061  
Email. [info@katti.co.ke](mailto:info@katti.co.ke), [Katti.tvet@gmail.com](mailto:Katti.tvet@gmail.com)

**FOR SECRETARIAT USE ONLY**

Enrolled on: .....

Registration Fee: .....

Subscription Fee: .....

Membership File Ref: .....

Region: .....

Signature: .....

Date: .....

**KATTI SECRETARY GENERAL**

**Signature:** .....

**Date:** .....