

**CARE KENYA INC.**  
www.care-kenya.org

MEMBERSHIP APPLICATION 2007-2008

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ M. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_

BUSINESS  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PROFESSION \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ROLES IN WHICH YOU ARE WILLING TO SERVE (select appropriate choice(s)):

_____ PUBLIC RELATIONS	_____ NEWSLETTER
_____ MEMBERSHIP	_____ FINANCE
_____ FUND RAISING	_____ CARE KENYA OFFICER
_____ GRANT WRITING	_____ OTHER _____

MEMBERSHIP TYPE (select desired level):

_____ STUDENT	\$35.00
_____ STANDARD	\$50.00
_____ PROFESSIONAL	\$75.00

Make Check Payable to: CARE KENYA INC.  
P.O. BOX 13045  
FAIRLAWN, OHIO 44334

MEMBERSHIP IS VALID FOR ONE YEAR FROM THE DATE OF PROCESSING  
BY CARE KENYA INC.

To Contact Us:  
CARE KENYA INC. phone: 330-867-6580 OR e-mail: info@care-kenya.org