

Association of Medical Engineering of Kenya AMEK

"Strengthening health care delivery services through appropriate technology"

MEMBERSHIP FORM

FORM 1 / AMEK

Do not start to fill this form until you have read the rules, regulations and requirements on page 2.
Please **PRINT** in blocks. Delete whichever is **NOT** applicable.

MEMBERSHIP CATEGORIES

A - Co-operate

B - Honorary

C - Member

APPLICATION FOR MEMBERSHIP/TRANSFER TO _____ (State category)

SECTION A TO BE FILLED BY MEMBERSHIP CATEGORIES C as above.

1. Name (Surname) Mr/Mrs/Ms _____ First name _____ Initials _____
2. Citizenship _____ Date of Birth ___ / ___ / 19___. ID No. _____
3. Organization/Institution _____ Public /Parastatal / Private Sector (**delete**)
4. Department (If applicable) _____ Position _____
5. Postal address _____ Postal code _____
6. Telephone (____) _____ Mobile _____ E-mail _____
7. Highest academic qualification _____ Discipline /Field _____
Obtained in (Year) _____ From (Institution) _____
8. Experience (Summary job description) _____

Professional duty (i.e. maintenance, teaching) _____ Duration of experience _____ Years

9. SECTION B FOR HONORARY MEMBERSHIP CATEGORY ONLY

Contribution and support to AMEK _____

10. SECTION C FOR CO-OPERATE MEMBERSHIP CATEGORY (A) ONLY

Name of Organization or Institution _____

Position of representative in the organization _____

Name _____ Signature _____ Date _____

Type of activity or business of organization _____

11. DECLARATION (Categories C D E F)

I, the undersigned, declare that I have read and understood the notes on page 2 of this form and I declare that the information submitted in this form is true and correct to the best of my knowledge. I further agree to abide by the rules, regulations, spirit and conduct of the AMEK Constitution and By- laws in the current force.

Name _____ Signature _____ Date _____

12. RECOMMENDATIONS (Categories C D E F) Proposal should be done by AMEK members.

1st Proposer (Name) _____ Signature _____

AMEK Membership category and No. _____ Date _____

2nd Proposer (Name) _____ Signature _____

AMEK Membership category and No. _____ Date _____

13. FOR AMEK ADMISSIONS COMMITTEE USE ONLY

(a) Application received on _____ By (Name) _____ Date _____

(b) i) Application considered on (date) _____ Minute No. _____

ii). Committee Chairman (Name) _____ Sign _____ Date _____

iii). Committee Member (Name) _____ Sign _____ Date _____

iv). Committee Member (Name) _____ Sign _____ Date _____

(c) Application accepted /rejected (Delete) Reasons if rejected/deferred _____

(d) Notification of acceptance /rejection/deferred sent by Name _____

Signature _____ Date _____

14. FOR AMEK EXECUTIVE OFFICE USE ONLY

(a) **AMEK Secretary** Name _____ Signature _____ Date _____

(b) **AMEK Chairman** Name _____ Signature _____ Date _____

ASSOCIATION OF MEDICAL ENGINEERING OF KENYA MEMBERSHIP RULES, REGULATIONS AND REQUIREMENTS Currently in force.

1. All application forms should be returned to the AMEK secretariat and the following should be adhered to: -
 - 1.1 Certified copies of professional certificates should be attached (certification should be done by Head of Department from the institution attended or the employer).
 - 1.2 Application form should be appropriately filled (with all the details).
 - 1.3 Two passport size photographs (colour and recent)
 - 1.4 Identity card (copy)
 - 1.5 Full registration fee of the category applying for.
 - 1.6 Institutions applying should attach certified accreditation certificate from relevant Ministry.

2 This information is needed to facilitate membership process and all information provided shall be regarded as confidential and privileged by AMEK and shall therefore not be dislodged to any third party unless by legal process.

3 Membership application, acceptance, process, rejection is subject to AMEK Constitution Articles 5-13 and subsequent By-laws currently in force.

4 Membership category, requirements and payments (**subscriptions are annually due by March**)

4.5 Corporate or Institutional (Corp. AMEK)

Those companies or institutions/ organizations dealing in healthcare technology and / or related technology.
Membership fee Kshs. 5,000/= (**once**) Subscription Kshs. 5,000/= (**annually**)

4.6 Honorary Members (Hon. AMEK)

Those members who have rendered special and distinguished services to the Association.

* **AMEK accepts donations**

4.3 Members (MAMEK)

Minimum Certificate in medical engineering or other engineering field with experience in Medical Engineering.

Membership fee Kshs. 600/= (**once**) Subscription Kshs. 6,000/= (**annually**) or Kshs. 500/= monthly

NOTE: For new members applying, you are required to pay **Kshs. 6,600** which is Registration Kshs. 600 and Kshs. 6,000 as monthly subscription fee for the first year.

5 Recommendations should be done by Members of AMEK only.

6 Application should be submitted accompanied by the membership fees. The annual subscription shall be paid on acceptance of the application. Please send **POSTAL / MONEY ORDER** or **BANKERS CHEQUE** payable to (**AMEK**) or deposit at **THE ASSOCIATION OF MEDICAL ENGINEERING OF KENYA**. Standard Chartered Bank, Harambee Avenue (NAIROBI) or any other branch countrywide **A/C No. 01520-793867-00**

Please note that certificates will be drawn on acceptance of the application.

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