



ASSOCIATION OF PRIVATE HOSPITALS  
 PO. BOX 54587-00200 Nairobi, Kenya  
 KTDA Plaza 7<sup>TH</sup> Floor IRC Centre  
 Tel; +254 202 210920 / 0721398682 / 0734 770073  
 Email: [info@aphkenya.org](mailto:info@aphkenya.org) Website: [www.aphkenya.org](http://www.aphkenya.org)

**APPLICATION FORM FOR MEMEBERSHIP OF ASSOCIATION OF PRIVATE HOSPITALS**

I am submitting my application for recognition. The particulars of my institution are given below.

**Name of Hospital/ Lab/Nursing Home/clinic/chemist/Corporate/Student Member**

.....Facility/ Institution

**Physical address:**

.....  
 ward.....Street.....Lane.....  
 Area..... City.....  
 County.....District.....

Year & Month of establishment:

.....

**DECLARATION FORM**

I ..... do hereby declare that the information given by me in the form is fully correct to the best of my knowledge.

Date..... Signatures.....

Name..... Place .....

**Membership Fees:**

- Hospitals and Facilities Membership Ksh 25,000 Renewable every Year
- Individual Membership Ksh 5,000 Renewable every Year
- Student Member Ksh 2,500 Renewable every Year
- Corporate Member Ksh 30,000 Renewable every Year

**PAYMENTS TO BE MADE TO:**

**ASSOCIATION OF PRIVATE HOSPITALS**

**ABSA BANK (Development House Branch)**

**ACCOUNT NUMBER: 2037970770 or Paybil PAYBILL NO: 303030**

Then Account Number.

(Then email us the receipt and the registration form to **Email: [info@aphkenya.org](mailto:info@aphkenya.org)**)