

**CHRISTIAN HEALTH ASSOCIATION OF KENYA**  
**MUSA GITAU ROAD OFF WAIYAKI WAY**  
**P O BOX 30690, NAIROBI**  
**TEL: 4441920/4441854/4445160**  
**EMAIL: [secretariat@chak.or.ke](mailto:secretariat@chak.or.ke)**

**MEMBERSHIP APPLICATION FORM “CHURCHES”**

1. Name of church: \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone if any \_\_\_\_\_
2. Where is the Head office of church (city and District)  
\_\_\_\_\_  
Address of Head Office \_\_\_\_\_  
Telephone (if any) \_\_\_\_\_
3. (a) Do you wish to be registered separately from the Church/Denominational Head Office? If you are not a Church/Denominational Head Office.  
Yes  No
- (b) If you answer is yes, give reasons  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Church Management body (tick one of the following)
- |                          |            |                          |                 |
|--------------------------|------------|--------------------------|-----------------|
| <input type="checkbox"/> | Presbytery | <input type="checkbox"/> | AGM             |
| <input type="checkbox"/> | Diocese    | <input type="checkbox"/> | Yearly Meeting  |
| <input type="checkbox"/> | Parish     | <input type="checkbox"/> | Other (specify) |
| <input type="checkbox"/> | Synod      | _____                    |                 |

\*Tick as appropriate

5. Church Policy making body (tick one of the following)

<input type="checkbox"/>	Presbytery	<input type="checkbox"/>	AGM
<input type="checkbox"/>	Diocese	<input type="checkbox"/>	Yearly Meeting
<input type="checkbox"/>	Parish	<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>	Synod		

6. Tick the agencies under which the applying church is registered and indicate registration number and year (attach copy of certificate or letter of authority).

NAME OF AGENCY	REG. NO	YEAR
Ministry of Social Services		
Registrar of Societies		
District Development Committee (DDC)		
Other (specify)		

7. Is the Church involved in Health Development work?

Yes  No

8. Name of person supervising Health work on behalf of the church

\_\_\_\_\_Qualifications\_\_\_\_\_

Address of Supervisor \_\_\_\_\_

Tel No. \_\_\_\_\_

9. If answer to No. 7 is Yes, list in space below the names of Health facilities (if any) and address (if space is not sufficient continue on a separate sheet).

\* Tick as appropriate.

<b>Name of Health facility</b>	<b>District</b>	<b>Address &amp; Tel. Contact.</b>

10. Current office bearers of the church applying for membership e.g. Bishop, Chairman etc.

<b>Position (Specify</b>	<b>Name of person</b>	<b>Address &amp; Tel. Contact</b>

**11. FOR CHAK USE ONLY**

<b>ACTION OFFICER</b>	<b>COMMENTS</b>	<b>YES/NO</b>	<b>INITIALS</b>	<b>DATE</b>
GS's Secretary	Payment included			
Accounts Officer	Receipt Number	Number		
General Secretary	Approved by EXCO			
MIS Officer	Database updated?			
MIS Officer	CHAK facility No.	Number		
GS's Secretary		Number		