



KENYA CATHOLIC DOCTORS ASSOCIATION

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REGISTRATION FORM

To qualify as a member you must adhere to the teaching of the magisterium of the Catholic Church in the practice of your profession

DOCTORS NAME:.....

CONTACT:

POSTAL ADDRESS.....

OFFICE PHYSICAL ADDRESS:.....

TELEPHONE:.....

MOBILE.....

EMAIL.....

KM&DB REGISTRATION NO.....

PROFESSION.....

SPECIALITY.....

AFFILIATION/ INSTITUTION.....

MEMBERSHIP SUBSCRIPTION (TICK AS APPROPRIATE)

ORDINARY; KSHS. 5,000 ()

ASSOCIATE; KSHS. 1,000 ()

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DR.S.K. Karanja

Vice- Chairman
DR. C. M Amulega

Secretary
DR.A.K.Ndonga

Ass.Secretary
DR. Lucy N Wainaina

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