

KENYA COUNSELLING AND PSYCHOLOGICAL ASSOCIATION

AGIP House, 4th Floor, Room 422, Adjacent Times Towers P.O. Box 41132-00100 Nairobi, Kenya Tel: 0726-068933, 0724092933

Email: kcpa@kenyacounsellingandpsychologicalassociation.org Website: kenyacounsellingandpsychologiclassociation.org

APPLICATION FORM FOR INDIVIDUAL MEMBERSHIP (REVISED 2020)

Please fill in this form, and provide (whichever is applicable) certified copies of:

- 1. An admission and introduction letter from college (if still a student),
- 2. Counseling Certificates and Transcripts,
- 3. Personal Therapy letter minimum ten (10) sessions not older than two years from a KCPA registered counselor.
- 4. National Identity Card or Passport.
- 5. Two colored passport size photographs.
- 6. Bank Slip or Mpesa transaction of four thousand shillings (Kshs. 4,000.00) or two thousand

shillings (Kshs. 2,000.00) for students. KCPA subscription is valid for one year and is renewable on expiry date.	
Cheques and Money orders are payable to: Kenya Counseling & Psychological Association Cooperative Bank 01134308358300 Aga Khan Walk Or VIA SAFARICOM TILL NO: 326109 GO TO BUY GOODS & SERVICES	РНОТО
Nb: KCPA does not accept cash payments 1. Name in full:	
2. ID No Tel (Mobile)	
3. Email: (IN BLOCK)	
4 Address: (i) P.O.BoxCodeTown	
(i) Physical location: (eg Bldg, street, room number)	
5. County of practice	
6. Qualifications related to counseling (support with copies and transcripts).	
i)	
ii) Area(s) of Specialization: (iii)Other Cadre/Profession	on
7. Amount paid (Kshs):	
<u>Declaration</u>	
I confirm that the information given above is true and undertake to follow the KC	CPA Constitution, rules,
regulations, and Code of Ethics. Signature	
County Chair NameSignDate	
Payment Receipt Number: Membership Number:	
Status Given: Certificate valid from Authorized KCPA signatory:	