



## KENYA COUNSELLING AND PSYCHOLOGICAL ASSOCIATION

AGIP House, 4<sup>th</sup> Floor, Rm 422, Adjacent Times Towers

P.O. Box 41132-00100, Nairobi, Kenya

Tel: 0726-068933, 0724092933

Email: [kcpa@kenyacounsellingandpsychologicalassociation.org](mailto:kcpa@kenyacounsellingandpsychologicalassociation.org)

Website: [kenyacounsellingandpsychologicalassociation.org](http://kenyacounsellingandpsychologicalassociation.org)

### APPLICATION FOR ORGANISATION / AGENCY MEMBERSHIP (REVISED 2020)

Please fill in this form, provide the necessary certified documentation e.g. Government / NGO registration certificate copy, brochure, training curriculum, list of Partners/directors/trustees, their ID copies and color passports (have to be KCPA registered members) etc. and submit a bank deposit slip of two thousand shillings (Kshs.2000/=) nonrefundable application fees and eight thousand shillings (Kshs.8000/=) for registration and certificate.

**KCPA Institutional membership is renewable in January every year at five thousand shillings (Ksh 5000/=).**

Cheques and Money orders are payable to:

**Kenya Counseling & Psychological Association**

**Cooperative Bank 01134308358300 Aga Khan Walk Branch**

**Or VIA TILL: 326109, GO TO BUY GOODS AND SERVICES**

**NB: KCPA does not accept cash payments.**

1. Name of Organization .....
- Postal Address .....County.....Branches (if any).....
- Business Tel: ..... Fax .....E-mail .....
2. Nature of registration in Kenya e.g. NGO, Company, Trusteeship. Support with certified copy of documentary evidence of registration.
3. The organization / Agency is run by:  
Directors/Trustees/Others: (specify).....as listed under (Name/Title/Contact).
  - i. ....
  - ii. ....
  - iii. ....
4. We are aware of the Kenya Counseling & Psychological Association Code of Ethics and our Organization/ Agency is committed to those principles of operation.  
Amount paid Kshs .....Sign of Applicant .....Date.....

NB.: Every Organization/ Agency will receive an Accreditation Certificate from KCPA after registration has been processed by the Standard Ethics and Accreditation Committee (SEAC).

**Send your application and subscription to: The Secretary, Kenya Counseling & Psychological Association.**

### FOR OFFICIAL USE ONLY

1. Cash payment receipt number: .....Date.....
2. Institution membership number: .....
3. Certificate valid from.....To.....
4. Authorised KCPA signatory: ..... Date.....