



KUWALA HEALTH MEDIA TRUST
PO BOX 342 MZUZU- MALAWI –SOUTHERN AFRICA,
TEL: (+265)888578001/993335397/999256716
EMAIL.kuwalamediamalawi@gmail.com WEB: www.kuwalahmt.org

KUWALA HEALTH MEDIA (KUEM)

MEMBERSHIP FORM

This form accommodates all individuals and organizations and has four parts, A, B,C and D Please read carefully and fill your details as requested .

PART A: VOLUNTEER /PARTNERS

KUWALA HEALTH MEDIA TRUST(KUEM) is a Non profit making organization, providing community health awareness campaigns and runs clinics. Our volunteers must be registered health practitioners working or not with private , CHAM or government hospitals. Terms and conditions APPLY.

Iwould like to work with KUWALA HEALTH MEDIA TRUST(KUEM) as
 a.....to provide my /our support to communities through KUEM for period ofyear (s) from this
 date..... to in form of
 NAME AGE Gender..... Field..... Experience..... DOB.....
 Mobile1 Mobile 2 Email :
 Hereby signed..... This day of.....20.....

PART B: COMPANY / ORGANISATIONS

Part B is only filled by companies /Organizations providing financial or Technical support to communities through **KUWALA HEALTH MEDIA TRUST (KUEM)**. This part allows members to indicate if they would like **KUEM TRUST** to market their products and services during campaigns as sponsors.

Company Name : Address.....
 Location. Near..... Tel.....
 Name of Current Director/Manager..... Mobile1.....Mobile 2.....
 Name of public Relations officer/ company secretary Mobile.....
 Email: Fax: Website

How Do you want to support **KUWALA HEALTH MEDIA TRUST(KUEM)** please tick in the boxes below

Financial support Mk..... Medical Equipment Transport
Member Training Support MK.....

Please indicate period: **Every campaign** **Depending on availability** **Long-term** (specify number of years).....

Indicate further interest with KUWALA HEALTH MEDIA .i.e. market your organization /products/services through our campaigns? **YES** **NO**

Hereby signed..... on behalf of..... As a..... This

PART C INDIVIDUALS AND FAMILY MEMBERSHIP

This part is for individual members who support **Kuwala Health Media Trust(KUEM)** by their membership fee and other contributions towards public health awareness campaigns. Members enjoy the opportunity to all medical service benefits like **KUWALA HEALTH CLINICS**, free medical advise from our medical practitioners ,workshops /seminaries, employment opportunities etc...

Enclose the starting annual membership fee. A. \$50 B. \$100 C. \$ 300 D. \$600 C. \$1,000 E. \$ 1500 F. \$2000

NameAge..... Gender..... Marital status DOB.....
 Spouse (s) name No. of Children/names
 Postal address..... Physical Address.....
 Phone Email..... Occupation.....

Hereby signed..... This day..... Of.....20.....



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PART D– OFFICIAL USE ONLY

I..... KUHEM.....on behalf
of the entire board of Directors do hereby approve as a
member/volunteer/partner of KUHEM from this day Of20..... As
duly stipulated in the articles of association for KUHEM.

.....
MR SD CHOMBA

(Company Secretary)

.....
PASTOR STEPHEN KALUA

(Board Chairman)



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PART D– OFFICIAL USE ONLY

I..... KUHEM.....on behalf
of the entire board of Directors do hereby approve..... as a
volunteer working with KUHEM from this day Of20..... as duly
stipulated in the articles of association for KUHEM.

.....

SD. CHOMBA– CLINICIAN
(Director Of Health)

.....

MR JOEL JERE
(CEO)

FOR THE BOARD CHAIR