



## UNIVERSITY OF NAIROBI ALUMNI ASSOCIATION

### MEMBERSHIP FEE SALARY CHECK OFF AUTHORITY FORM

#### PART A – TO BE FILLED IN DUPLICATE BY THE MEMBER OF STAFF

I \_\_\_\_\_ hereby request my employer to deduct membership subscription fee as outlined below and remit the same to University of Nairobi Alumni Association.

Payroll No. \_\_\_\_\_ Department/Section \_\_\_\_\_

#### **DEDUCTIONS:**

Deduct a sum of Kshs \_\_\_\_\_ ( \_\_\_\_\_ (in words) \_\_\_\_\_)

(Please tick one as appropriate)

once in the month of \_\_\_\_\_ year \_\_\_\_\_ or each year.

In installments of Kshs. \_\_\_\_\_ per month from \_\_\_\_\_ to \_\_\_\_\_

**MEMBERSHIP CATEGORY:** (tick as applicable)

	Category		Prescribed Fee (Kshs)
i)	Life Membership:	Gold	<input type="checkbox"/> 100,000.00
		Silver	<input type="checkbox"/> 50,000.00
		Bronze	<input type="checkbox"/> 25,000.00
ii)	Full Member	<input type="checkbox"/>	2,000.00 (Annual subscription)
iii)	Honorary Member	<input type="checkbox"/>	3,000.00 (Annual subscription)

**NATIONAL IDENTITY CARD NUMBER/PASSPORT NUMBER:** \_\_\_\_\_

#### **DECLARATION:**

I declare that:

- I will comply with these terms and conditions.
- I authorize my employer to deduct UONAA membership subscription fee from my salary with understanding that this authority cannot be revoked unless the salary is stopped by the employer or information received in writing from UONAA that membership has ceased.
- The information given above is truthful and correct.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

#### PART B – TO BE FILLED BY THE HEAD OF DEPARTMENT/SECTION

Terms of Appointment: \_\_\_\_\_ Nationality \_\_\_\_\_

Expiry Date of Contract: \_\_\_\_\_ Expected Retirement Date: \_\_\_\_\_

Details Certified By: \_\_\_\_\_ (Name)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

#### PART C – TO BE FILLED BY UONAA SECRETARIAT

Category of membership indicated by applicant in Part A \_\_\_\_\_

Subscription fee payable for the membership is Kshs. \_\_\_\_\_

Certified by:- NAME \_\_\_\_\_ DESIGNATION: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

#### PART D – TO BE FILLED BY SALARIES SECTION/HUMAN RESOURCE DEPARTMENT

Gross Pay: \_\_\_\_\_ Salary deductions: \_\_\_\_\_

Net Pay: \_\_\_\_\_ Salary deductions effected from: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_