MEMBERSHIP APPLICATION FORM FOR COMMUNITY-BASED TOURISM ENTERPRISES (CBTEs)

SECTION I

Company/Business name: __________________________________________________________

Physical Address of Head Office: __________________________________________________

Postal Address: ____________ Postal Code: ____________ Country: _______________

Business Telephone Number: _______________ Mobile: _______________________

E-Mail Address: ________________________________

Website: ______________________________________________________________________

Annual Membership fee: 3.000 Ksh.

Mode of Payment:  □  Cash  □  Cheque  □  M-Pesa (Till Number 909290)

SECTION II

Business Enterprise acronym: _________________________________________________

Current Number of Members: _________________________________________________

Ministry of Social Services Certificate Number (Kindly Send a Copy): _____________

SECTION III

Provide specific and quantitative answers to the following questionnaire. (Write on a separate sheet of paper if the space provided is not enough). Attach images and/or brochure when submitting the completed form.

1. What are your current activities/existing tourist facilities? ___________________

_____________________________________________________________________________

_____________________________________________________________________________
2. Indicate if you have an office, access to a computer and internet. 

3. Where are you located? Please include the tourism region, the sub-county, county.

4. What are some of the achievements that you have made since the establishment of the organization?

5. Who are your partners (People or organization) you work with?

6. What challenges are you facing as a CBO? And what kind of support do you feel is needed?
SECTION IV
CONTACT DETAILS

Contact person: __________________________________________

E-mail Address: __________________________________________

Alternative Email address: _________________________________

Website (if any): _________________________________________

Telephone number (Of contact person): ______________________

Postal Address: __________________________Postal Code: ____________

Complete and send this form to:

The Membership Officer

Ecotourism Kenya

P.O Box 10146 00100

Tel: +254 726 366 080

Email: membership@ecotourismkenya.org / admin@ecotourismkenya.org