



# Kenya Medical Association

## NATIONAL EXECUTIVE

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### SPACE REQUEST FORM IN KENYA MEDICAL ASSOCIATION (KMA) COMPLEX

Name of Organization/ Association/Society.....  
(In Capital letters)

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Do hereby request to purchase/rent office space  
(Tick required)

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(Indicate approximate area required)

Please include any special considerations you may require in the space below

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Signed.....

Date.....

**UPON COMPLETION OF THIS FORM RETURN TO:  
KENYA MEDICAL ASSOCIATION HEAD OFFICE, KMA HOUSE, CHYULU  
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