



Kenya Medical Association

NATIONAL EXECUTIVE

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

I, Dr./Prof./Mr./Mrs./Others.....
(Full name in capital letters)

I.D. No:.....KMA Membership No.....
(Optional)

of P.O. Box.....

E-mail address.....

Tel: Mobile.....Landline.....

Fax.....

Do hereby request for office space

.....
(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
ROAD (Fax: 20-2717170, Phone: 20-2714991)

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Dr. Stephen Ochiel

National Vice-Chairman
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