



MEMBERSHIP APPLICATION ASSOCIATE MEMBERS

Annual Membership Fee KSHS 3,000

Members must fall in one of the following categories – please tick the appropriate box.

- Individual permanently employed in a research agency in a non research capacity
- Practicing academic in social & market research
- Social & market Research staff within organizations other than research agencies
- Individual consultant practicing social & market Research

Full Name

Employer

Physical Address

Postal Address

Telephone

Cell phone

Email 1 (official)

Website (if applicable)

Email 2 (permanent)

Position/Principle Role (type of research you are involved in)

You are required to attach your current curriculum vitae

Years worked within a research agency

Name of research agency

DECLARATION

I, the undersigned, hereby declare that I wish to apply for membership of the Marketing & Social Research Association.

By signing below, I also confirm that I have read the MSRA “Code of Practice” and “Code of Ethics” and undertake to uphold & abide by these codes, both in spirit and in action, as well as other rules drawn up by the Association from time to time. I further hereby attest that I have not been engaged in any activities that may be considered to have contravened the MSRA codes.

Name

Date

Applicant’s Signature



REFEREES

All applications must be counter-signed by two referees who have been Full MSRA members for the last 2 years or two clients for whom you have conducted research in the past 6 months so that we can contact them for references.

To be completed by either the MSRA member referees or Client referees.

MSRA Member Referee 1 or Client Referee 1

Name of MSRA referee or Client’s Contact person:

Organisation Name:

MSRA membership number (if applicable):

Email address:

Telephone/Cell No:

I _____ hereby confirm that the applicant is practicing market & social research and to the best of my knowledge he/she is of good character and standing. I believe he/she will uphold the MSRA Code of Practice and Code of Ethics

Signature

Date:

MSRA Member Referee 2 or Client Referee 2

Name of MSRA referee or Client’s Contact person:

Organisation Name:

MSRA membership number (if applicable):

Email address:

Telephone/Cell No:

I _____ hereby confirm that the applicant is practicing market & social research and to the best of my knowledge he/she is of good character and standing. I believe he/she will uphold the MSRA Code of Practice and Code of Ethics

Signature:

Date:

**Submit scanned application form to MSRA Secretariat
P.O. Box 25404-00100, Whitefield Place, 3rd Flr, School Lane, Westlands, Nairobi
Email – info@msra.or.ke**

Upon notification of approval of membership, applicants are required to make payment within 2 weeks and provide proof of payment to MSRA.

BANK DETAILS

NIC Bank: NINCKENA

Bank code: 041

Branch Code: 105

Branch: The Mall Westlands

Account name: Marketing & Social Research Association

Account number: 1000236191

MPESA PAYBILL

Paybill No: 637894

Account number: Enter your name or company you are making payment for.

ONLINE PAYMENT

Available on the MSRA website

NB: For further information on membership please refer to our website – www.msra.or.ke