

I hereby consciously submit this application for consideration for membership to MDKO which is a voluntary non-profit organization. I declare under penalty of Perjury in in the United States on this day of that:

1. The information provided in any part of this application is correct and accurate as of the date of signing .
2. That I have read the Constitution and by-laws of the MDKO and agree to be bound by them and any other applicable law.
3. That I understand that this is an application for membership which the MDKO has the discretion to approve my membership or not .
4. That I understand that I will pay the membership application fee of US \$150 which will be deposited to the MDKO benevolence account. I also understand that I will pay the annual membership fee of \$50 payable annually. The acceptance of this fee does not guarantee acceptance into membership and should my application be declined I shall receive a full refund of my application fee. This fee shall be refunded together with the written decision declining my membership with or without reason for such decision. Any interest, if any from the membership application fee shall be applied towards any administrative costs of adjudicating your application and the NMDKO shall not be required to itemize these costs.
5. If any form of payment is declined, MDKO shall charge \$35 per declined transaction and this shall become a debt due to MDKO immediately.
6. That it is my responsibility to inquire from my relatives as to their membership to MDKO. I understand and agree that MDKO shall only make a single payment where there is an occurrence of a covered event. Should there be more than one person making a similar claim to the MDKO for a certain single covered event, it shall be the responsibility of all the covered members (relatives) to advise the MDKO as to the manner of disbursement of the benevolent funds.
7. That I understand as an MDKO member my contributions shall remain due at all times until I cease membership. As an applicant I will submit this application form together with the application fee of US\$150 which is reviewable. This fee shall be deposited into the benevolence fund. There shall be an additional Annual membership renewal fee of \$50 paid on first day of July each year. The application shall be accepted only during the open enrollment period which will be from July 1st to July 31<sup>st</sup>. The Membership shall run from July 1st to June 30st.
8. That I understand the recoupment shall be within seven (7) days of notice by the Committee of benevolent assistance and it shall be 20 dollars for protected family member and 50 for active member. But this amount can change depending on number of members registered. Thus, amount will be decided by the Organization or the Committee from time to time and communicated together with the notice of benevolent assistance and recoupment request.
9. That I understand and agree that failure to recoup within the first 14 days after the announcement, a fine of twenty dollars will be levied on the 14<sup>th</sup> day. In addition, failure to recoup within thirty days (30) days shall affect the entitlement to member's benefit including benevolent assistance.
10. I understand that, notwithstanding the condition 7 above, should I receive any financial assistance from MDKO, I shall be bound to continue contributing towards any occurrence that may take place within 1 year of my assistance even if I cease being a member.
11. That I particularly know and understand how I would cease being a member of MDKO.

By signing this registration form I agree to abide by all MDKO rules and regulations.

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_

MEMBER'S REGISTRATION NUMBER: \_\_\_\_\_



**Maryland Kenyans Organization**  
Together we are stronger  
MDKO-Est. 2019-

**Member Registration form**

9600 Pulaski Park Drive, Suite 115, Middle River, MD 21220

**Tel:** 443-554-5188. **E-mail:** [marylandmdko@gmail.com](mailto:marylandmdko@gmail.com). **Cashapp:** \$Mdko19

Before completing this form, kindly read and understand the Constitution and by-laws of the MDKO found on our website or request a soft/hard copy.

**MEMBER DETAILS.**

YOUR NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_

TEL: Cell:(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Names, DOB, Id/or Birth certificate No:

SPOUSE NAME: \_\_\_\_\_

CHILDREN (Names, DOB, Id/or Birth certificate No):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

PARENTS (Names, DOB, Id/or Birth certificate No):

MOTHER: \_\_\_\_\_

FATHER: \_\_\_\_\_

SIBLINGS (BROTHER(S) & SISTER(S)) (Names, DOB, Id/or Birth certificate No):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

5) \_\_\_\_\_

**FEES: (SELECT ALL THAT APPLY).**

NON-REFUNDABLE ANNUAL MEMBERSHIP RENEWAL FEE (\$50.00) \_\_\_\_\_

NON-REFUNDABLE BENEVOLENCE FUND REGISTRATION FEE (\$150) \_\_\_\_\_

INITIALS: \_\_\_\_\_