CORPORATE MEMBERSHIP FORM.

BENEFITS

1. A Membership certificate will be issued to all Corporate Members.
3. Recognition as a member on the Kenya Society for the Blind website.
4. Receive invitations to Events (e.g. Breakfast Briefings, AGM etc). Corporate members will be given the opportunity to showcase their products and services to all attendants at events on request.
5. Opportunity for KSB to offer half-day free Eye screening and advise of your staff at no cost.
6. Opportunity for a representative of your organization to carry and make presentation of assistive devices to the needy learners with children with visual impairment from KSB.
7. Opportunity for members to give talks to KSB staff about their products or services and for KSB to give eye care talks to members.
8. Receive regular and up-to-date information about KSB activities through Eyesight magazine during the year.
9. KSB will offer subsidized rates for eye check ups to all Corporate members’ staff. KSB can also organise an Eye Testing clinic at subsidized rates to be held at Corporate Members premises once a year on request.
10. Opportunity for Corporate Members to get involved in the work of KSB and by taking part in campaigning or staff volunteering as part of their Corporate Social Responsibility Strategy. (Any photographs of participation in KSB activities can be used by members).
11. Open invitation for Corporate Members to bring visitors to KSB for an overview of work carried out by the Society.
12. Opportunity for Corporate Members to nominate a representative to become a KSB Council member during the KSB Annual General Meeting (AGM).

If your Company is interested in becoming a member please enter the details below:

<table>
<thead>
<tr>
<th>CORPORATE MEMBERSHIP</th>
<th>I would like to enroll my company as a Corporate member. Enclose the amount of Ksh. 15,000 as annual subscription fee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL DONATION</td>
<td>I enclose a general donation to KSB for the amount of Ksh.__________________________</td>
</tr>
</tbody>
</table>

Company Name ..................................................  Company Address ..................................................

Contact Person ...................................................  Telephone .........................................................

FOR PAYMENTS:

<table>
<thead>
<tr>
<th>PLEASE MAIL YOUR CHEQUE TO: THE KENYA SOCIETY FOR THE BLIND  P. O. BOX 46656, 00100 NAIROBI, KENYA  TEL. 6001541  Email: <a href="mailto:ksb@ksblind.org">ksb@ksblind.org</a>  Website: <a href="http://www.ksblind.org">www.ksblind.org</a></th>
<th>TO PAY BY M-PESA  Organization: Kenya Society For The Blind  M-Pesa Pay bill Number – 955150  Enter your org name/ID No for Account No. Enter amount and then a pin number  Or Visit: <a href="http://www.ksblind.org">www.ksblind.org</a></th>
</tr>
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Organization: Kenya Society For The Blind
M-Pesa Pay bill Number – 955150
Enter your org name/ID No for Account No.
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