MEMBERSHIP PROSPECTUS
An Invitation to Belong
Rooted in UBUNTU "I am because we are"
An Invitation to Belong

This prospectus is an invitation to join us as a member. Membership is not a subscription to a service. It is an act of belonging to a community that carries this work together.

ASNEN membership carries an annual contribution. It is set deliberately low, because the families who most need this network are frequently those with the least, and no one should be excluded from a movement for inclusion by cost.
Whether you are a parent, a professional, a young person, an institution, or simply someone who believes every child deserves to belong, there is a place for you in ASNEN.
Membership Categories & Annual Contribution

Category	KES / yr	USD / yr	Who it's for
Family Member	1,000	25	Parents, guardians, and family members of persons with disabilities.
Individual Member	1,000	25	Any individual who wishes to stand with and support ASNEN's mission.
Professional Member	2,500	50	Educators, therapists, health and rehabilitation professionals, and other practitioners working in the disability and special needs space.
Youth & Student Member	500	15	Young people and students joining the inclusion movement.
Institutional Member	15,000	250	Schools, organizations, and companies supporting disability inclusion.
Patron	From 50,000	From 500	Individuals or organizations wishing to provide significant, ongoing support to ASNEN's work.

All contributions are annual and go directly toward ASNEN's programmes, advocacy, and community events.

Membership Registration Form

Please complete this form in full and return it together with your annual contribution to ASNEN. See submission details at the end of this form.

1. Membership Category (tick one)

☐ Family Member — KES 1,000 / USD 25	☐ Individual Member — KES 1,000 / USD 25
☐ Professional Member — KES 2,500 / USD 50	☐ Youth & Student Member — KES 500 / USD 15
☐ Institutional Member — KES 15,000 / USD 250	☐ Patron — From KES 50,000 / USD 500

2. Personal / Organization Details

Full Name	
Organization (if Institutional Member)	
National ID / Passport No.	
Date of Birth	
Physical Address / County	
Phone Number	
Email Address	
Profession / Area of Practice (Professional Members)	

3. Your Connection to This Community (tick all that apply)

☐ Person with a disability	☐ Parent / Guardian
☐ Professional / Practitioner	☐ Ally / Supporter
☐ Institution / Organization	☐ Other: _____

4. How Would You Like to Be Involved? (tick all that apply)

☐ Volunteering	☐ Advocacy & awareness	☐ Fundraising support
☐ Mentorship	☐ Attending events	☐ Other: _____

5. Payment Details

Mode of Payment (M-Pesa / Bank	
Transaction / Reference Number	
Amount Paid	

6. Declaration

I confirm that the information provided above is accurate. I wish to join the Africa Special Needs Education Network (ASNEN) as a member in the category selected above, and I subscribe to ASNEN's mission and to the value of UBUNTU that guides its work, the belief that no child, and no person with a disability, thrives alone.

Signature	
Date	

For Office Use Only

Membership Number	
Received & Approved By	
Date Approved	

Completed forms may be submitted to: info@asnenafric.org | +254 712652621/70306990 |, or handed to any ASNEN registration desk. Cheques to be deposited to at Co-operative Bank of Kenya, Dagoretti Branch Account No: 01103095242001 or Mpesa No:0703906990