**APPLICATION FORM FOR KENET MEMBERSHIP**

Kenya Education Network (KENET) is a National Research and Education Network (NREN) that promotes the use of ICT in Teaching, Learning and Research in Higher Education Institutions in Kenya.

This form should be completed by the institution requesting membership and signed and then returned to memberservices@kenet.or.ke. It can also be posted or dropped at KENET offices. If you have any questions or comments about this form or would like some assistance when filling it in, please contact **KENET SECRETARIAT** directly using the below contact addresses and telephone numbers.

All duly completed membership application forms shall be checked for eligibility as described in the First Supplemental Trust Deed of October 2013*.* KENET shall communicate the decision on membership within two weeks from the date the application is received.

Members shall be required to pay an annual membership fee based on the number of students or number of staff whichever is higher. Table 1 shows the annual membership fees for the FY 2018 - 2019 (July 1, 2018 – June 30, 2019).

**NB: The membership joining fee is a one off payment and is non-refundable.**

1. **Table 1: Annual membership fee structure**

|  |  |  |
| --- | --- | --- |
| **Item** | **Staff numbers / Students numbers (head count)** | **Annual membership fees (Kenya Shillings)** |
| 1 | 0 -2,500 | 31,250 |
| 2 | 2501-5000 | 37,500 |
| 3 | 5001 – 10,000 | 75,000 |
| 4 | 10,001 – 15,000 | 112,500 |
| 5 | 15,001 – 25,000 | 150,000 |
| 6 | 25,001 – 50,000 | 200,000 |
| 7 | Over 50,000 | 250,000 |

**Disclaimer**

\*Annual membership fee is based on the number of students enrolled in your institutions.

\*The Information you supply will be held and processed in KENET databases for internal use only. It will not be supplied to any external body for any other purpose. It will not be used by KENET for any other purpose. However, KENET Trust and Funding agencies or Donors may request this information for auditing or research purposes.

**KENET Headquarter offices**

The Jomo Kenyatta Memorial Library-University of Nairobi, Main Campus,

P.O BOX 30244-00100,

NAIROBI.

Telephone: 0732150500 OR 0703044500

E-mail: info@kenet.or.ke URL: [www.kenet.or.ke](http://www.kenet.or.ke/)

**KENET MEMBERSHIP GUIDELINES**

**For an Institution to be Eligible for KENET Membership it must meet the following conditions:-**

1. Be a legal entity operating in Kenya
2. Be offering university or tertiary level education, or conducting university level research, or other organization’s for which education or research, or the support thereof, is a prime purpose
3. Organizations that are Universities must be established by Act of Parliament or chartered by the Commission for University Education
4. Academic or Research Institutions applying for membership must submit necessary legal documents such as certificate of incorporation, Interim Letter or Charter issued by Commission for University Education or letter of recognition Ministry of Education
5. Must meet the cost of membership as stipulated by KENET Trust Deed
6. Must subscribe to at least one paid KENET service
7. Have an ICT Policy and ICT Master Plan

**An Institution may become a member of KENET**

1. Upon its application being accepted by the Board of Trustees of KENET
2. Upon payment of a prescribed joining and annual subscription fees, whereupon its particulars shall be entered in the KENET’s register of members

**A member Organization shall cease to be a member in any of the following circumstances:**

1. Upon its voluntary request in writing to the Board of KENET, PROVIDED that termination of membership by resignation shall become effective only after the lapse of a SIX (6) months' written notice given by the retiring member to the Board of KENET
2. Where a member fails to pay the prescribed membership or annual subscription fees for a period of TWO (2) consecutive years
3. The KENET Board may at their sole discretion remove a member from the trust provided that the member who is faced with removal shall have the right be heard by the Board before a vote is taken
4. Upon its dissolution or winding up as provided by the Laws of Kenya
5. Upon being expelled by the Board of KENET

A member institution which has ceased to be a member but has the intention of having its membership reinstated may make an application for that purpose, and such application shall be considered on its own merit

**Section One: The Institution**

1. **Institutional Details**

|  |
| --- |
| *Please provide details of the Institution requesting membership.* |
| Institution: |  |  |
|  | *The full name of your institution.* |  |
| Telephone-no: |  |  |
|  | *Telephone number for the institution. Specified as:<area code><telephone number>* |  |
| Fax-no: |  |  |
|  | *Optional (telephone number specified as above).* |  |
| E-mail: |  |  |
|  | *The e-mail address of the institution.* |  |
| Location: |  |  |
| KRA PIN No: | *The county where the institution is situated* |  |

**CONTACT PERSONS:**

1. **Head of Institution in Kenya**

|  |  |
| --- | --- |
|  |  |
| Administrative contact details (if not as above)Title:Position: |
|  |  |
| Name: |  |  |
|  |  |
| Mobile no: |  | P.O Box: |  |  |
|  |  |
| E-mail address: |  |  |
|  |  |

1. **Head of ICT (ICT Director/Manager)**

|  |  |
| --- | --- |
|  |  |
| Technical contact details (if not as above)Title: |
|  |  |
| Name: |  |  |
|  |  |
| Mobile no: |  | P.O Box: |  |  |
|  |  |
| E-mail address: |  |  |
|  |  |

1. **Head of Finance (Finance Officer/Manager)**

|  |  |
| --- | --- |
|  |  |
| Finance contact details (if not as above)Title: |
|  |  |
| Name: |  |  |
|  |  |
| Mobile no: |  | P.O Box: |  |  |
|  |  |
| E-mail address: |  |  |
|  |  |

**Section Two: Internet Connectivity, Related Services and Core Data**

1. **Services Required from KENET**

|  |  |
| --- | --- |
|  |  |
| Internet Capacity Required:*What capacity are you willing to purchase from KENET* |
| Other services Required (please select) | *Storage/ DNS servers services/Video and Web Conferencing/E-mail setup, hosting, and scrubbing/campus networks design/proxy server setup**SeeSee* |
| Use of KENET ConnectionWho is your current ISP Provider?What is your Monthly Internet Budget?What is your annual internet budget? | *What is your intended use of the Connection? (e.g. Enterprise systems and e- mail, cloud services, e learning system, data centre services ,video conferencing and IP telephony, )* |

1. Total number of campuses/branches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Start Month for Institution Academic Year e.g. September 1, and/or Financial Year e.g. July 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**d. Student Enrollment (where applicable - sampling date = October 30 in the AY)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **AY 2015/2016 (Oct. 2015)** | **2016/2017 Oct 2016)** | **AY 2017/2018 (Oct 2017)** |
| Category  | **Male** | **Female** | **Male** | **Female** | **Male** | **Female** |
| Undergraduate |  |  |  |  |  |  |
| Masters |  |  |  |  |  |  |
| Doctoral |  |  |  |  |  |  |
| Non- Degree |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |

**e. Employee Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Male** | **Female** | **Total** |
| Teaching Staff or faculty (if applicable; from lowest rank) |  |  |  |
| Full-time researchers (who are not faculty members) |  |  |  |
| Administration support Staff |  |  |  |
| Others e.g Casuals, interns |  |  |  |

**f. Number of ICT Staff**

|  |  |  |  |
| --- | --- | --- | --- |
| **ICT Staff** | **Male** | **Female** | **Total** |
| Network /System Admin Staff |  |  |  |
| Application developers |  |  |  |
| End-user Support (include call center if any) |  |  |  |
| Others |  |  |  |

**Section Three: Declaration**

I confirm that:

(a) My institution will comply with the terms of the KENET’s Terms of Service and of any services to be provided (e.g., bandwidth services);

(c) KENET is indemnified for any and all losses caused by improper use of the services provided to your institution.

(d) The information given above is true to the best of my knowledge and belief.

|  |
| --- |
| Signed by Head of Institution in Kenya or Authorized person: |
| Name: |  |  |
|  |
| Position: |  |  |
|  |
| Signature: |  |  |
|  |

**Section Four: For Official Use.**

**Received by:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved By:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_