



DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY
P.O. BOX 657 10100 – NYERI KENYA
CELL PHONE: 0708 680 879, TELKOM 061 - 2050000 Ext. 1262
Email: deanofstudents@dkut.ac.ke

DIRECTORATE OF STUDENTS' WELFARE

CLUB SOCIETY REGISTRATION FORM

(Incomplete forms will not be processed)

1. Society/Club name.....
2. Address.....
3. Date of Application.....
4. Current No. of members.....
5. Names of Interim Office Bearers (list below)

S/NO	OFFICE BEARERS	REG.NO	TELPHONE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

6. Society/ club Patron.....
7. Patrons contact / Address.....
8. State any affiliation with other bodies.....

DeKUT is ISO 9001:2015 Certified
Better life Through Technology



9. Documents availed (List in box below)

S/NO	DOCUMENTS	YES	NO
a)	Club Constitution		
b)	List of members		
c)	Copy of minutes		
d)	Application letter		
e)	Introduction letter(Patron)		
f)	Patron's declaration agree to be the Patron		
g)	Office Bearers' declarations agreeing to be office bearers.		

10. Application submitted by..... and designation.....

11. Application received by..... and designation..... Date.....

12. Registration approved/not approved by Designation.....

13. Date of approval/rejection of registration.....

14. Conditions for retaining registration

a) Submission of weekly/monthly reports eg. activities, finances etc

b) Submission of clubs action plan each semester

c) Adherence to club constitution

d) Operating within University Statutes.

NOTE: Failure to adhere to the above conditions will result to deregistration of the club/society.

I.....being.....
of the club have read the above conditions and promise to strictly abide by them.

Signed.....Date.....

