

# MEMBERSHIP APPLICATION RESEARCH OPERATIONS CONTRACT STAFF

# **Annual Membership Fee KSHS 1,000**

Individuals engaged in contract field & data management operations within a research agency (team leaders, interviewers, recruiters, moderators, data processors, transcribers, supervisors etc).

Full Name	
Employer	
Physical Address	
Postal Address	Telephone
	Cell phone
Email 1 (official)	Website (if applicable)
Email 2 (permanent)	
Position/Principle Role (type of research you are involved in)	
You are required to attach your current curriculum vitae	
Years worked within a research agency	
Name of research agency	
Name of research agency	
DECLARATION	
I, the undersigned, hereby declare that I wish to apply for membership of the Marketing & Social Research Association.	
Nescaren Association.	
By signing below, I also confirm that I have rea	d the MSRA "Code of Practice" and "Code of Ethics"
and undertake to uphold & abide by these codes, both in spirit and in action, as well as other rules	
drawn up by the Association from time to time.	I further hereby attest that I have not been engaged
in any activities that may be considered to have	contravened the MSRA codes.
Name	Date
Applicant's Signature	



#### **REFEREES**

All applications must be counter-signed by two referees who have been Full MSRA members for the last 2 years or two clients for whom you have conducted research in the past 6 months so that we can contact them for references.

To be completed by either the MSRA member referees or Client referees.

MSRA Member Referee 1 or Client Referee 1		
Name of MSRA referee or Client's Contact person:		
Organisation Name:		
MSRA membership number (if applicable):		
Email address:		
Telephone/Cell No:		
	haveburgerfirm that the applicant is practicing market 0 again	
receased and to the best of my	hereby confirm that the applicant is practicing market & social	
research and to the best of my knowledge he/she is of good character and standing. I believe he/she		
will uphold the MSRA Code of Practice and Code of Ethics		
Signature	Date:	
MSRA Member Referee 2 or Client Referee 2		
Name of MSRA referee or Client's Contact person:		
Organisation Name:		
MSRA membership number (if applicable):		
Email address:		
Telephone/Cell No:		
	hereby confirm that the applicant is practicing market & social	
research and to the best of my knowledge he/she is of good character and standing. I believe he/she		
will uphold the MSRA Code of Practice and Code of Ethics		
Signature:	Date:	

Submit scanned application form to MSRA Secretariat P.O. Box 25404-00100, Whitefield Place, 3<sup>rd</sup> Flr, School Lane, Westlands, Nairobi Email – info@msra.or.ke

Upon notification of approval of membership, applicants are required to make payment within 2 weeks and provide proof of payment to MSRA.

#### **BANK DETAILS**

NIC Bank: NINCKENA Bank code: 041 Branch Code: 105

**Branch:** The Mall Westlands

Account name: Marketing & Social Research Association

**Account number: 1000236191** 

### **MPESA PAYBILL**

**Paybill No: 637894** 

**Account number:** Enter your name or company you are making payment for.

## **ONLINE PAYMENT**

Available on the MSRA website

NB: For further information on membership please refer to our website – www.msra.or.ke