

KENYA PAEDIATRIC ASSOCIATION **NATIONAL NOMINATION FORM**

DATE OF NATIONAL ELECTIONS: 15th April, 2026

CANDIDATE'S NAMES (In full, as they should appear on the Ballot Paper):

..... KPA Member No:

Email address:

Phone Number:

ID Number:

.....

.....

.....

Please select the Position of interest:

Position	Mark/indicate inside the box (X)
President [1]	
Vice President [1]	
National Secretary [1]	
National Vice Secretary [1]	
National Treasurer [1]	
National Council Member (Board Member) [4]	
Trustee [1]	

- I confirm that I have paid ALL my Association's dues **for the year 2026 (5000/-)**,
- I am willing to accept nomination and agree to stand for this post. If elected, I promise to uphold the honor, traditions and Rules of KPA to the best of my ability.
- I have not been convicted of any criminal offence

Candidate's Signature: **Date:**

PROPOSER'S NAMES (In Full)

..... KPA Member No:

Email address:

Phone Number:

ID Number:

.....

.....

.....

I confirm that I have paid ALL my Association's dues for the **year 2026 (5000/-)**

Proposer's Signature: **Date:**

SECONDER'S NAMES (In Full)

..... KPA Member No:

Email address:

Phone Number:

ID Number:

.....

.....

.....

I confirm that I have paid ALL my Association's dues for the **year 2026 (5000/-)**

Secunder's Signature: **Date:**

QUALIFICATIONS OF A TRUSTEE

- Must be a person of good standing and repute, a senior member, well respected and having been an active member of the Kenya Paediatric Association for at least 20 years.
- Members should take into account the benefits of appointing a person who through residence, occupation, employment or otherwise has special knowledge of the area of benefit who is otherwise able by virtue of his or her personal or professional qualifications and/ or expertise capable of contributing to the pursuit of the objects of and the management of the 'Trust'.

NOTE

- All the present holders of National Offices are eligible to stand for those offices IF THEY HAVE NOT SERVED TWO CONSECUTIVE TERMS.
- A Copy of the Candidate's "STATEMENT" and high resolution PASSPORT SIZE COLORED PHOTOGRAPH should be submitted with this Nomination form, for distribution to voters.
- Responsible canvassing is allowed as long as **KPA facilities and staff are not involved.**

PLEASE RETURN THIS NOMINATION FORM TO:

THE CHAIRMAN
KPA NATIONAL ELECTIONS COMMITTEE
Email: elections@kenyeapaediatric.org

SO AS TO REACH THE KPA NATIONAL OFFICE NOT LATER THAN 5:00 PM, FRIDAY 13th March, 2026