



ORDER OF DIGNITY AND SERVICE ASSOCIATION

HERO / HEROINE MEMBERSHIP REGISTRATION FORM

INSTRUCTIONS: Please complete all sections in BLOCK LETTERS. Attach copies of your National ID/Passport, proof of recognition (e.g., National Heroes Council documentation where applicable), and two recent passport photos. Return the form to the ODSA Secretariat or email a scanned copy to the Association.

A. APPLICANT DETAILS

Full Name (as per ID/Passport): _____

National ID/Passport No.: _____ **Date of Birth:** _____

Gender: _____ **Pin No:** _____ **Heroe/Heroine No:** _____

Phone (Primary): _____ **(Alternate):** _____

Email Address: _____

County: _____ **Sub-County:** _____

Postal Address: P.O. Box _____ City: _____

Residential Address (Estate/Village): _____

Next of Kin Name: _____ **Relationship** _____ **Contact:** _____

Dependents:

1. _____ ID/ Passport No: _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____



ORDER OF DIGNITY AND SERVICE ASSOCIATION

B. MEMBERSHIP CATEGORY

Please tick ✓ one category and complete relevant details.

Membership Category	YES/NO	National Heroes Council Ref / Gazette Notice
Founding Member		
Full Member		
Honorary Member		
Associate Member		
Corporate and Institutional Member		
Youth Member		
Legacy & Family Membership		

C. HEROES/HEROINES CATEGORY

D. ATTACHMENTS CHECKLIST

- Copy of National ID/Passport
- Recent colored passport photo
- Any supporting certificate

E. DATA PROTECTION & CONSENT

I hereby consent to the Order of Dignity and Service Association (ODSA) collecting and securely storing my personal information for the purpose of membership administration, verification, and official communication, in line with applicable data protection laws. I confirm that the information provided is true and accurate to the best of my knowledge.

Applicant's Full Name: _____ Sign: _____ Date: _____

F. FOR OFFICIAL USE ONLY

Reviewed by: _____ Designation: _____ Signature: _____

Approved by: _____ Designation: _____ Signature: _____

Membership No: KH/ODSA/0 _____ 20 _____

"This form must be submitted together with proof of payment of the Ksh. 15,000 membership fee, duly deposited into the Association's official account."