

INDIVIDUAL MEMBERSHIP APPLICATION FORM

DETAILS GIVEN HERE WILL BE TREATED AS CONFIDENTIAL

I wish to apply for membership in East Akiba Savings and Credit Co-operative Society Limited and further pledge to abide by the APPLICATION FOR MEMBERSHIP AND ADMISSION (BY-LAW NO. 8 AND 9), Sacco By-Laws/any amendment/s thereof in the said Society.

PERSONAL INFORMATION

Name.....Id No:
Date of Birth.....Marital Status.....
Postal Address: Mobile No.....
Email.....Place of Residence.....
Source of income.....Monthly income (range).....
Membership Applicant's Signature.....Date.....
Name of Witness.....Mobile No.....Signature.....
Membership Number is (To be given by official).....

DETAILS OF NEXT OF KIN

SNO	Full Name	Relationship	ID Number	Phone Number
1				
2				
3				

FOR OFFICIAL USE ONLY

PART A

Received by:Designation:
Is this form correctly filled: Signature: Date:

PART B

The membership is [] Recommended [] Not recommended
The application for membership is [] Approved [] Not approved by the central management committee
MEMBERSHIP Fee of Kshs.1, 500.00 paid vide Receipt Number.....
SECRETARY..... DATE.....

REQUIREMENTS:

- 1 Passport size photo.
- Photocopy of ID.
- Ksh 1,500/- Membership fee.