



WEVARSITY SACCO LIMITED

P O BOX 873 - 50100

KAKAMEGA

MOBILE NO: 0721 822 490

APPLICATION FOR MEMBERSHIP

Iof P O Box.....

Hereby make application for membership of **WEVARSITY SACCO SOCIETY LIMITED** undertake to be bound by the Co-operative Societies Act and Rules, the societies By-Laws and Regulations and the decisions of the Societies General Meetings and Committees.

NAME:.....

CURRENT ADDRESS:.....

TELEPHONE CONTACT:.....

NATIONALITY:.....ID NO:.....

DATE OF BIRTH:.....MARITAL STATUS:.....

EMPLOYER:.....PF/NO:.....

MONTHLY SHARE CONTRIBUTION KSH:.....

FACULTY/DEPARTMENT SECTION:.....

CURRENT JOB POSITION:.....

PROFESSION:.....

TERMS OF SERVICE:.....

HOME POSTAL ADDRESS

DISTRICT OF ORIGIN

DIVISION

LOCATION

SUB LOCATION

VILLAGE

Are you a member of any other Savings and Credit Co-operative Society?
YES/NO

If yes name of the Society:.....Membership No:.....

I.....hereby declare that information furnished above is true and understand that the truth of this information shall form the basis of my Membership in the Society.

APPLICANT'S SIGNATURE.....DATE:.....

FOR OFFICIAL USE ONLY

APPLICATION CONSIDERED ON:.....

APPROVED/REJECTED BY NANAGEMENT COMMITTEE UNDER

MINUTE/NO:.....

DATE OF ADMISSION:.....

OFFICER'S DESIGNATION:.....SIGNATURE:.....

SOCIETY RUBBER STAMP:

MEMBERSHIP NUMBER:.....

DATE OF CESSATION:.....