

MERU COUNTY STAFF SACCO LIMITED

MEMBERSHIP APPLICATION FORM

NAME: _____ GENDER _____

ID NUMBER: _____

TEL. NUMBER: _____

ADDRESS: _____

EMAIL ADDRESS: _____

P/NO: _____

DEPARTMENT: _____

STATION: _____

JOB DESCRIPTION (E.G PERMANENT, CONTRACT): _____

REGISTRATION FEE PAID (KSHS) _____ IN WORDS _____

AMOUNT PAID FOR SHARE CAPITAL (KSHS) _____ IN WORDS _____

NB: State mode of payment (e.g. cash, cheque, etc) _____

NEXT OF KIN DETAILS

NAME: _____

RELATIONSHIP: _____

ID NUMBER: _____

TEL. NUMBER: _____

ADDRESS: _____ EMAIL ADDRESS _____

APPLICANT'S SIGNATURE: _____ DATE _____

OFFICIAL USE

DATE ADMITTED AS A MEMBER: _____

MEMBER NUMBER: _____

NAME OF OFFICER ADMITTING MEMBER: _____ SIGNATURE _____