

**APPLICATION FOR MEMBERSHIP  
(COMPLETE THIS FORM IN BLOCK CAPITAL LETTERS)**

b) How many times have you joined

SIGNATURE OF APPLICANT: \_\_\_\_\_

[illegible]

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

3. FOR OFFICIAL USE ONLY:

1. DATE OF ADMISSION TO MEMBERSHIP \_\_\_\_\_ FIRST DEDUCTION DUE: \_\_\_\_\_  
 MEMBERSHIP REGISTRATION NO: \_\_\_\_\_ RECORDED BY MANAGEMENT  
 CHAIRMAN'S SIGNATURE \_\_\_\_\_ COMMITTEE \_\_\_\_\_  
 MINUTE: NO/DATE \_\_\_\_\_

2. DATE OF WITHDRAWAL \_\_\_\_\_ DATE OF REFUND: \_\_\_\_\_  
 CHAIRMAN'S SIGNATURE \_\_\_\_\_ MANAGEMENT COMMITTEE \_\_\_\_\_  
 MINUTE NO DATE \_\_\_\_\_

VOUCHER/CHEQUE NO: \_\_\_\_\_

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

RE: SHARE CONTRIBUTIONS:

PLEASE DEDUCT FROM MY PAY IN FAVOUR OF MARIAKANI MABATI CO-OPERATIVE SAVINGS & CREDIT SOCIETY LIMITED  
 KSHS. (IN WORDS)

\_\_\_\_\_ (KSHS.) \_\_\_\_\_

FROM: \_\_\_\_\_ (MONTH OF DEDUCTION)

SIGNED: \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_

PAYROLL NO: \_\_\_\_\_

MEMBER'S NO: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED/NOT APPROVED

AUTHORISED BY:

(CHAIRMAN)

(SECRETARY)

(TREASURER)

CC: SENIOR ACCOUNTANT