



MUST SACCO LTD

P.O Box 972-60200,
Meru.

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Website: www.mustsacco.co.ke

Email Address: mustsacco@gmail.com

MEMBERSHIP APPLICATION FORM

COMPLETE THIS FORM IN BLOCK LETTERS

TO: HON SECRETARY

I hereby make an application for membership and agree to conform to the society's by laws and any amendments thereof.

FULL NAMES.....
PF.NO..... TERMS OF SERVICE.....
DATE OF BIRTH..... APPOINTMENT DATE.....
ID/NO..... DEPARTMENT.....
TEL NO..... EMAIL ADDRESS.....
HOME ADDRESS..... PRESENT ADDRESS.....
SIGNATURE..... DATE.....

NOMINEE/N.O.K

I the undersigned in the event of my death while still a member of MUST SACCO, hereby instruct the society to pay all the amounts due to me less any debts of the SACCO to the person(s) named below

Name.....ID/NO.....Percentage.....R/Ship.....
Name.....ID/NO.....Percentage.....R/Ship.....
Name.....ID/NO.....Percentage.....R/Ship.....
Name.....ID/NO.....Percentage.....R/Ship.....

I understand that I may alter the nominee by filing another nominee form to the office.

APPLICANT'S SIGNATURE..... DATE.....
WITNESS NAME..... SIGN..... DATE.....

FOR OFFICIAL USE

DATE OF ADMISSION.....OFFICER.....SIGNATURE.....
FIRST DEDUCTION DUE.....MEMBERSHIP REG.NO.....
CHAIRMAN'S SIGNATURE.....DATE.....MINUTE NO.....