

MEMBERSHIP FORM

NAMEID:

DATE OF BIRTH

PHONE NUMBER

HOME ADDRESS

SOCIAL MEDIA PRESENCE (to help communicate with you)



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DETAILS OF SPOUSE

NAME :

ADDRESS :

PHONE NUMBER:.....

NUMBER OF CHILDREN.....

NEXT OF KIN

SIGNATUREDATE:

MEMBERSHIP NO:EFFECTIVE

.....

ACTION BY :SIGNATURE :

APPROVED BY :SIGNATURE : DATE:

Terms and Conditions

1. All new applicants must pay the stipulated membership fee to be incorporated in the cooperative's membership list.
2. When we refer to the "Rules of the Cooperative" we mean the prescribed Bylaws (which may change from time to time) which are available for download from our website:www.capitalexchange.co.zw
3. If you would like a physical copy of them you can contact us on the numbers above