

WELFARE GROUP MEMBERSHIP FORM

MEMBER APPLICATION FORM

Section A: Personal Information

1. Full Name (as per ID):
2. Gender: ☐ Male ☐ Female ☐ Other
3. Date of Birth: ____ / ____ / ____
4. Nationality:
5. National ID / Passport Number:
6. KRA PIN:
7. Phone Number:
8. Email Address (if any):
9. Postal Address:
10. Residential Address / Location:

Section B: Employment / Business Information

11. Employment Status: ☐ Employed ☐ Self-employed ☐ Unemployed
12. Occupation / Profession:
13. Employer / Business Name:
14. Workplace Address:
15. Monthly Income (Approx):

Section C: SACCO Membership Details

16. Preferred Contribution Frequency: ☐ Weekly ☐ Monthly ☐ Quarterly
17. Preferred Monthly Share Contribution (KES):
18. Entrance Fee Paid (KES):
19. Share Capital Purchased (KES):

20. Mode of Payment: ☐ M-Pesa ☐ Bank Deposit ☐ Standing Order ☐ Payroll Deduction

Section D: Next of Kin Information

21. Full Name:

22. Relationship:

23. Phone Number:

24. ID Number:

25. Percentage of Benefits: _____%

Section E: Declaration by Applicant

I hereby apply to become a member of Welfare. I agree to abide by the SACCO's bylaws, policies, and decisions made by the management and general meetings. I affirm that all the information given herein is true and correct to the best of my knowledge.

Applicant's Signature: _____

Date: ____ / ____ / ____

Section F: SACCO Use Only

Application Received By: _____

Date: ____ / ____ / ____

Membership Number Assigned: _____

Shares Subscribed: _____

Status: ☐ Approved ☐ Rejected

Reason (if rejected): _____

Authorized Officer Signature: _____

Date: ____ / ____ / ____