

SYCA - Sabuwa Youth Cooperative Association

MEMBER REGISTRATION FORM / FOM DIN SHIGA CIKIN KUNGIYA

Name / Suna: _____

Phone Number / Lambar Waya: _____

Gender / Jinsi: _____

Address / Adireshi: _____

L.G.A / Karamar Hukuma: _____

Purpose of Joining / Dalilin Shiga Kungiya:

Agreement / Yarjejeniya:

I agree to abide by the rules and objectives of the association.

Na yarda da bin doka da manufar kungiyar nan.

Signature / Sa hannu: _____ Date / Kwana: _____