

SHAMURR COOPERATIVE SAVINGS AND LOANS



MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS

Name:.....

Address:.....

Phone No.:.....

Email:.....

Occupation/Business Sector:.....

Employer:.....

MEMBERSHIP DETAILS

Membership Type; Individual ☐ Corporate ☐ Group ☐

Membership Fee; N5,000.00 (Payable to SHAMURR Cooperative Savings and Loans).

REFEREE DETAILS

Name:.....

Address:.....

Phone No.:.....

DECLARATION

I hereby apply for membership of SHAMURR Cooperative Savings and Loans. I understand that my membership is subject to the approval of the Board of Directors. I agree to abide by the rules and regulations of the cooperative.

Signature:.....

Date:.....