



## MEMBERSHIP APPLICATION FORM

(Kindly fill in Capital Letters)

### PERSONAL DETAILS

Name..... PF. NO. ....  
ID No..... Address.....Code.....  
Institution.....Sub-county.....County.....  
Monthly contribution Kshs..... per month with effect from.....  
Type of Membership..... (Normal/Retiree)  
Date of Birth.....Marital Status.....  
Education Level..... Employment sector.....  
Terms of Employment (Contract, Casual, Permanent) .....  
KRA PIN No.....Designation.....  
Telephone Contact.....Email Address.....  
Source of Income..... Applicant's signature.....Date.....

### NEXT OF KIN/NOMINEE DETAILS

	NAME	D.O.B	GENDER	RELATIONSHIP	ID NO.	Tel No.
1.						
2.						
3.						
4.						
5.						
6.						

RECRUITED BY..... SIGN.....  
MOBILE NUMBER.....MEMBER NO.....

### FOR OFFICIAL USE ONLY

Application approved/Not approved and entered in the register as Member No.....

OFFICER'S NAME..... SIGN..... DATE.....

ATTACH A PHOTOCOPY OF YOUR ID AND PAYSIP (EMPLOYED PERSONS)

*All correspondence to be addressed to the Chairman*