**MEMBERSHIP APPLICATION FORM**

(*Kindly fill in Capital Letters)*

**PERSONAL DETAILS**

Name…………………………………………………………..…… PF. NO. …………………………. ID No……………………. Address………………………………Code………………………..……….

Institution…………………………………in…………………………… 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……………..…..

**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 PAYSLIP (EMPLOYED PERSONS)**

*(PLEASE TURN OVER)*

**FUNERAL COVER DETAILS FORM FOR FOUR CHILDREN & A SPOUSE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1.** | **MEMBERS’S DETAILS** | | | | |
|  | **MEMBER’S NAME:** |  | | | |
|  | **ID NUMBER:** |  | | | |
|  | **MEMBER NUMBER:** |  | | | |
|  | **TSC/P.F. NUMBER:** |  | | | |
|  | **DATE OF BIRTH** |  | | | |
|  | **MOBILE NUMBER:** |  | | | |
|  | **ADDRESS:** |  | | | |
|  | **SIGN:** |  | | | |
|  | | | | | |
| **2.** | **SPOUSE DETAILS** | | | | |
|  | **SPOUSE NAME:** |  | | | |
|  | **ID NUMBER:** |  | | | |
|  | **MOBILE NUMBER:** |  | | | |
|  | **DATE OF BIRTH:** |  | | | |
|  | **ADDRESS:** |  | | | |
|  | | | | | |
| **3.** | **CHILDREN DETAILS** | | | | |
| **a)** | **NAME:** |  | **b)** | **NAME:** |  |
|  | **ID NO. / BIRTH CERTIFICATE NO.** |  |  | **ID NO. / BIRTH CERTIFICATE NO.** |  |
|  | **DATE OF BIRTH:** |  |  | **DATE OF BIRTH:** |  |
|  | **MOBILE NUMBER:** |  |  | **MOBILE NUMBER:** |  |
|  | **GENDER:** |  |  | **GENDER:** |  |
|  | | | | | |
| **c)** | **NAME:** |  | **d)** | **NAME:** |  |
|  | **ID NO. / BIRTH CERTIFICATE NO.** |  |  | **ID NO. / BIRTH CERTIFICATE NO.** |  |
|  | **DATE OF BIRTH:** |  |  | **DATE OF BIRTH:** |  |
|  | **MOBILE NUMBER:** |  |  | **MOBILE NUMBER:** |  |
|  | **GENDER:** |  |  | **GENDER:** |  |

**Attach:**

1. Copy of Spouse ID
2. Copies of Birth Certificates of the FOUR children **(for children above 18yrs include National ID & Birth Certificate.)**

**NB: This cover only covers children below 25 years of age**

**OFFICIAL USE:**

Received by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered by (System): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Forwarded by: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_