**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 PAYSLIP (EMPLOYED PERSONS)***