



ST. PAUL-KPEHE CO-OPERATIVE CREDIT UNION
GROUP MEMBERSHIP FORM

NAME OF GROUP.....

DATE FORMED.....GENDER OF MEMBERS.....

POSTAL ADDRESS..... TEL.....

RESIDENTIAL ADDRESS.....

PURPOSE OF GROUP.....

We, members of the above-named society hereby apply for membership in St. Paul-Kpehe Co-operative Credit Union and agree to be bound by the Union's regulations and bye-laws. We agree to acquire the minimum share of **GH¢400.00** and make a regular monthly contribution of not less than **GH¢50.00**. We enclose herewith our entrance fee of **GH¢20.00**.

NOMINEES

In case of defunct, we authorize that our entire contributions be paid / distributed to all qualified members in line with the tenets of our constitution prevailing at the time.

We shall in due course submit our mandate form indicating members who shall operate the account.

.....
Secretary

.....
Signature

.....
Chairman

.....
Signature

MEMBER RECOMMENDING APPLICANT

Name..... A/c No..... Tel.....

Address..... Signature.....

FOR OFFICIAL USE

ACCOUNT NO.

PREPARED BY

APPROVED BY

MANAGER

.....

DATE