ST. PAUL - KPEHE CO-OPERATIVE CREDIT UNION

MEMBERSHIP FORM

Pic

NAME OF APPLICANT……

FIRST NAME MIDDLE NAME SURNAME

SEX: MALE ☐ FEMALE ☐

DATE OF BIRTH……..

PLACE OF BIRTH: ……..

POSTAL ADDRESS……..

E-MAIL: …… **TEL**: ……..

NATIONALITY: …… **RELIGION**: ……

NATIONAL ID No: …… **DATE OF ISSUE**: ……..

PLACE OF ISSUE: …… **ID EXPIRY DATE**: ……..

REGION/STATE: ……..

RESIDENTIAL ADDRESS(GPS): ……

MARITAL STATUS: SINGLE☐ MARRIED☐ DIVORCED☐ WIDOWED☐

LEVEL OF EDUCATION: …….. **OCCUPATION:** ……..

EMPLOYER: SELF-EMPLOYED☐ CIVIL SERVANT☐ PRIVATE SECTOR☐ UNEMPLOYED☐ OTHER☐

SMS ALERT: YES ☐ NO ☐

NEXT OF KIN/NOMINEE

In case of death I authorize that all payments due me be paid to the under- mentioned person(s).

NAME…… **RELATIONSHIP**…… **SHARE**……%

Address……**Tel**……

I hereby apply for membership in the above-mentioned credit union and agree to be bound by the Society's Bye-laws. I agree to acquire the minimum shares of ***GH¢300.00*** *and make regular monthly contributions of not less than* ***GH¢20.00.*** *I enclose herewith entrance fee of* ***GH¢10.00.***

…….. ……..

Signature/ Thumbprint of applicant **Date**

MEMBER RECOMMENDING APPLICANT

NAME: ………

FIRST NAME MIDDLE NAME SURNAME

A/C No: ……………………………………………………………… **TEL**: …………………………………………………………

………………………………………………………………….. ……………………………………………

MARK/SIGNATURE **DATE**

,,

FOR OFFICIAL USE

ACCOUNT No.: ………………………..

…………………………………………….. ………………………………………….. ……………………………..

OFFICER – IN CHARGE **MANAGER** **DATE**