** WASA SAVINGS AND CREDIT COOPERATIVE LIMITED**

**P.O BOX 1970 - 50100**

 **KAKAMEGA**

**CELL PHONE NO: 0722572086/0790502718**

 **DATE……………………………………………….**

 **APPLICATION FOR MEMBERSHIP AND ADMISSION**

**THE CHAIRMAN**

**WASA SACCO SOCIETY LIMITED**

**P.O BOX 12 – 30205**

**MATUNDA**

 I hereby make application for membership of your society and agree to abide by the laws or any amendments thereof

 **a) EMPLOYMENT PARTICULARS**

NAME AS PER YOUR ID CARD……………………………………………………………………………………………………………………

DATE OF BIRTH………………………………………………………………………ID NUMBER……………………………………………….

CURRENT ADDRESS……………………………………………..PNO /STAFF.NO……………………………………………………

EMPLOYER/MINISTRY………………………………………………MOBILE NUMBER……………………………………………………

STATION…………………………………………………………………..DESIGNATION………………………………………………………….

TERMS OF SERVICES……………………………………………………..DATE OF EMPLOYMENT………………………………………

 **b) HOME ADDRESS**

COUNTY………………………………………………………………….SUB COUNTY…………………………………………………………….

LOCATION…………………………………………………………….SUB LOCATION……………………………………………………………

WARD………………………………………………………………POSTAL ADDRESS……………………………………………………………

 **c) NEXT OF KIN ADDRESS**

NAME………………………………………………………………………………………...IDNO……………………………………………………RELATIONSHIP………………………………………………………………………………………………………………………………………….

ALTERNATIVE NEXT OF KIN NAME…………………………………………….ID NO…………………………………………………….

RELATIONSHIP…………………………………………………………………………..……………………………………………………………..

POSTAL ADDRESS………………………………………………………………………………………………………………………………………

 **d) OTHER PARTICULARS**

MEMBER HAS BEEN RECRUITED BY………………………………………………………………….

I AUTHORIZE YOU TO DEDUCT FOR MY SHARES KSHS…………………………....FOR SACCO

KSHS…………………………FOR WELFARE

APPLICATIONS SIGNATURE………………………………………………………………………………………………………………………..

MODES OF PAYMENT (TICK) CHECK OFF…………….STANDING ORDER……………..PAY BILL…………………………..

 **FOR OFFICIAL USE ONLY**

DATE OF ADMISSION TO MEMBERSHIP……………………………………………………………………………………………………..

APPROVED BY MANAGEMENT COMMITTEE MIN NO………………………………………..DATE………………………………

THE FIRST SHARE PAID IN…………………………………………………………………………………………………………………………..

MEMBERSHIP NUMBER ASSIGNED…………………………………………………………………………………………………………….

MEMBESHIP NO………………………………………………………………………………………………………………….. (SECRETARY)

FOR CEO………………………………