MEMBERSHIP APPLICATION FORM.

1. Name of applicant: ……NIN / PP.NO:……

2. Occupation: …… QT:…… TT / UQ:…… ECD (NURSERY)…….

3. Others specify (e.g. Banker, Student, Secretary etc):. …….

4. **Dual membership (Name the Credit Union)** …….

5. Address (Residence)……**Email**:……

6. School / Address……

7. The amount you are willing to **save monthly or at any given time:**

   In figures: **D**…….. B:……

   In words: **D**…….....

8. **Next of kin:**

   (A). Full name:……...

   Tel / mobile. No:……..

   Address:……

   Relationship:……

   (B). Full name:……

   Address:……Tel /mob. No:……..

   Relationship:……..

…….……	……..	……
Signature of applicant	**Tel / Mobile No.**	**Date**

Approved by:

……	……
Chairperson	**Date**
……	……
Secretary / Manager	**Date**