YOKEN
SAVINGS AND CREDIT COOPERATIVE SOCIETY LTD.
Save and Borrow Wisely
P.O. BOX 1175 EMBU, **email:** yoken.sacco@gmail.com **Website:** www.yokensacco.com

MEMBERSHIP APPLICATION FORM

(A) **MEMBERS PARTICULARS**.

I hereby make an application for membership and to conform to the society by-laws and any amendment therefore.

Name in full: - MR/MRS/MISS_____
Date of Birth: _____Official Designation_____
Payroll No_____ terms of Service _____
Employer Name _____ Station & Address _____
Department _____
Business Name: _____Postal & Physical address
Home Address _____ cell phone_____
Signature _____National Identity card No(Attach)_____
Bank Account No_____Bank Name_____
Personal Email: _____

(B) NOMINATED NEXT OF KIN

I the undersigned, in event of my death whilst a member of society hereby instructs the amount due to me, less my debt to the society to the person named in this section. The name of the person can be given in a sealed letter. I understand that I may alter the name of the nominated next of kin by filling a subsequent nominated next of kin form.

Nominated next of kin (Full Name) _____
Relation to the applicant _____
Address of next of kin _____
Mobile No. of Next of kin_____

Witness Name _____ Signature _____

(D) BENEFICIARIES

I hereby nominate the following to be the beneficiaries to my share, savings, and any other benefits from society in event of my death:

	Name.	**Relationship to contributor.**	**Percentage.**
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
	TOTAL		_____

SAVE PROMPTLY, BORROW WISELY AND DEVELOP

I hereby authorize you to recognize the above named person for the purpose of my share, savings, contribution, Yoken benevolent fund and other benefits due from the society until further notice.

Signature _____Date_____

ID No _____P/NO _____M/NO_____

(E). RECRUITED BY:

Action official_____ Designation _____

Signature _____ Date _____

MEMBERSHIP ENTRANCE FEE KSHS. 200/- MINIMUM SHARE—4200/- MONTHLY SAVINGS MIN 1200/- DORMANCY REACTIVATION FEE—KSH. 200/-. Voluntary Monthly Saving Ksh._____w.e.f IMPORTANT/CRUCIAL MEETINGS: AGM / SGM AND EDUCATION/NETWORKING FORUMS

(F). FOR OFFICIAL USE ONLY.

1.Date of admission to membership_____ First deduction due _____

Membership Register No _____Recommended by management committee.

Chairman's signature_____ Minute No _____ Date _____