



SHEKINAH SACCO SOCIETY LIMITED

P.O BOX 52637 -00200 Nairobi – Kenya, Cell: 0775-584288 Email: info@shekinahsacco.com

MEMBERSHIP FORM

Name..... ID No.....
 Current Address..... Telephone.....
 Mobile..... Email.....
 Home Address

District..... Division.....
 Location..... Village.....

If Employed

Name of Employer.....
 Address..... Telephone.....
 Date of Appointment.....
 Occupation.....

If Self Employed

Type of Business.....
 Business Name.....
 Period of Operation.....
 Physical Location.....

General Information

Name of your Church.....
 Name of the Pastor.....
 Name of House Group.....
 Next of Kin..... Relationship..... Age.....
 Name of Guardian (if a minor)..... Relationship.....
 Address..... Telephone.....
 Are you a member of any SACCO?

If yes, Name.....

Voluntary Assignment

I..... Undertake to make contributions of
 Kshs..... On a monthly/weekly basis w. e. f month of.....

I declare that this information is correct

Signature..... Date.....
 Witnessed by (name) No..... SignatureDate.....
 NB: *Attach your National I.D card photocopy (both sides) and two colored passport size photographs*

For Official Use Only

Entrance fees paid. Kshs Paid On Receipt No:

Approved by Management committee on.....
 Vide min No..... Membership No:

Chairman..... Secretary:

Entered in the register on: By.....