

**GLUK SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED**

**P.O.BOX 2224-40100 KISUMU**

**TEL: 44853/23972.**

**APPLICATION FOR MEMBERSHIP.**

COMPLETE THIS FORM IN BLOCK LETTERS THEN SUBMIT TO THE SECRETARY GLUK SACCO.

I hereby make an application for membership and agree to confirm to the societies By laws and amendments thereof. On admission recover Ksh.....non refundable fee and monthly share contribution of Ksh.....if applicable till further notice (1 share=ksh20).

FULL NAME:

PROF/REV/DR/MR/MRS/MISS/MS.....

DATE OF BIRTH.....DESIGNATION.....

ID NO..... (ATTACH COPY).

TERMS OF SERVICE.....

DEPARTMENT.....

END OF CONTRACT.....

MODE OF PAYMENT (Please tick ).

Monthly

Other specify

Intermittent

DATE OF APPLICATION.....

CURRENT ADDRESS.....

LOCATION.....SUB-LOCATION.....

RECOMMENDED BY REFFEREE'S NAME (MUST BE A MEMBER OF THE SOCIETY)

.....

REFFEREE'S SIGNATURE.....

REFFEREE'S ADDRESS.....

BENEFICIARY NAMES:  
BIRTH:

RELATIONSHIP:

DATE OF

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

(Incase of more than 5 attach sheet)

NEXT OF KIN:

RELATIONSHIP:

.....

NEXT OF KIN CONTACT ADDRESS.

.....  
.....

**FOR PFFICIAL USE ONLY**

DATE OF REGISTRATION.....		
DATE OF CESSATION/WITHDRAWAL.....		
MEMBERSHIP NO.....		
CHAIRPERSON.....	SIGN.....	DATE.....
SECRETARY.....	SIGN.....	DATE.....
TRESUREARER.....	SIGN.....	DATE.....