



P.O. Box 700 - 00521, NAIROBI

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PHOTO
HERE

APPLICATION FOR MEMBERSHIP

The Chairman,
P. O. Box 700-00521 - NAIROBI

DATE: _____

I hereby make an application for membership and agree to conform to the society's by-laws internal rules and regulations, and amendments thereof.

MEM NO: _____

1. PERSONAL DETAILS

Full Names: _____ ID No: _____ Date of Birth: _____

Mobile No _____ Email _____ P.O Box _____

2. EMPLOYMENT DETAILS

Employer: _____ Staff No _____ Designation _____

3. AUTHORITY TO MAKE DEDUCTION FROM MY SALARY

I hereby give consent to my employer to deduct the amounts below from my salary and remit to Wanandegge Housing Cooperative Society Limited with effect from _____

Entrance Fee Kshs _____ Membership Contribution _____

4. NOMINATED NEXT OF KIN

I, the undersigned, in the event of my death whilst a member of the society, hereby instruct the society to pay all amounts due to me to the person(s) named below

Name _____ Relationship _____ Proportion (%) _____

Name _____ Relationship _____ Proportion (%) _____

Name _____ Relationship _____ Proportion (%) _____

Signature of Member _____ Date _____

5. FOR OFFICIAL USE ONLY

Recommended & checked by _____ Date of Admission _____ Signature _____