

**MEMBERSHIP APPLICATION FORM**

Date.....

**PART I**

I Do Hereby Make an Application for Membership and Agree to Abide by the Society's By-Laws and Any Subsequent Amendments There Off.

**PERSONAL INFORMATION**

Surname.....Other Names.....

Date of Birth.....Id No.....Occupation .....

Postal Address.....Code.....Tel.....

Email..... Kra Pin Number.....

**NEXT OF KIN**

Surname.....Other Names.....Id No.....

Tel No.....Postal Address.....

Kin's Relation to Member.....

Known the Sacco through.....

Signature Of The Applicant.....Date.....

**PART II**

The Director/Manager (Employer)

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P.O. Box .....

**RE: AUTHORITY TO MAKE DEDUCTIONS FROM MY SALARY/INCOME (Acumen Clients,Staff&Employed)**

I Mr/Mrs/Miss ..... Do Hereby Authorise You To Deduct Kshs.....From My Salary/Income Every Month And Pay Acumen Sacco, With Effect From .....

Month.....Year.....Signature.....

**PART III**

**INDIVIDUALS**

I Hereby Commit Myself To Pay Acumen Sacco Society Ltd Kshs.....By..... Day Of Every Month And Without Fail Starting From.....Signature.....

**FOR OFFICIAL USE ONLY**

Date of Admission .....

Approved By The Management Committee (Authorised Signature).....

Membership No.....Date.....