

**APPLICATION FOR MEMBERSHIP  
(FOR APPLICANT WHO IS A SPOUSE OR DEPENDANT OF AN EXISTING MEMBER)**

(ATTACH COPY OF ID/PASSPORT, INTRODUCTION LETTER AND PROOF OF RELATIONSHIP)

**1. APPLICANT'S PERSONAL INFORMATION**

I hereby make an application for membership and agree to abide to the societies by-laws and any amendments thereof.

LAST NAME .....FIRST.....OTHERS.....

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

NATIONALITY ..... ID NO. .... KRA PIN NO.....  
(Attach copy of ID and Pin certificate)

EMPLOYER..... TERMS OF SERVICE .....

CURRENT ADDRESS .....

TELEPHONE..... E-MAIL.....

**2. REFERRING MEMBER DETAILS**

NAME OF PRINCIPAL MEMBER .....MNO.....

TELEPHONE..... E-MAIL.....

**3. 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 less any debts to the society, to the person(s) named in this section. I understand that I may alter the name of the nominated next of kin by filling in a subsequent Nominated next of kin Form.

Name	Relationship	% of Deposits	ID Number	Address
1.				
2.				
3.				
4.				

Witnessed by:

NAME..... ID ..... Mno. ....

Address..... Signature.....

**4. AUTHORIZATION TO DEDUCT DEPOSITS**

I hereby commit to remit KShs .....every month with effect from the Month of \_\_\_\_\_  
20\_\_\_\_\_.

**By filling and signing this form, you authorize the Sacco to process and store your personal data for the purpose of spouses and dependents' membership application.**

Given under my hand this.....day of.....20\_\_\_\_\_

Signature.....

**5. HOW DID YOU GET TO KNOW ABOUT AMREF SACCO? \_\_\_\_\_**