

**MEMBERSHIP / REGISTRATION FORM**

**General Information**

<b>First Name</b>	<b>Second Name</b>	<b>Last Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Application Date</b>	<b>Date of Birth</b>	<b>Nationality</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ID Number</b>	<b>Tax Identification No</b>	<b>Gender</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Marital Status (Tick as is appropriate)**

Married  Divorced  Single  Widow  Widower

**Communication details**

<b>Post Code</b>	<b>City/town/Village</b>	<b>Ward District</b>	<b>District</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Postal Address</b>	<b>Current Address</b>	<b>Home Address</b>	<b>Country Code</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="+254Kenya"/>
<b>Mobile Phone No.</b>	<b>Other Phone No.</b>	<b>Email Address</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Employment Information**

**(Employment type)**

**(Contract type)**

Employed  Self Employed  Full time  Part time  Fixed term  Casual

Employer  Payroll/Staff No.

**Self employed;**

Nature of Business

Location of Business  Business Permit No.

**Next of Kin / Beneficiary / Nominee List**

NO	NAME	RELATIONSHIP	BOX	MOBILE	%
1					
2					
3					
4					
5					
6					
7					

**Authorization**

I.....of Payroll/Staff No.....and Id.No..... hereby authorize Fortitude Sacco to make deductions of Ksh.....(In words)..... from my salary proceeds and remit to Fortitude Savings and credit cooperative society Ltd with effect from the month of .....Year.....

**To be filled by members outside Suba North and Suba South Subcounties**

I.....of Payroll/Staff No.....and Id.No..... hereby choose.....Region as my preferred region where I shall be participating in any Sacco activity including elections. The following are the regions members can choose from; Mfangano East, Mfangano West, Rusinga, Gembe ,Lambwe, Kaksingri East,Kaksingri West, Kitawa and Magunga.

MEMBERS SIGNATURE.....DATE.....

**AND WITNESSED BY:**

NO	NAME	ID.NO	TEL.NO	SIGNATURE
1				
2				