



SUNRISE MULTI-PURPOSE CO-OPERATIVE SOCIETY

SUN CENTRE, EWET HOUSING ESTATE, UYO, AKWA IBOM STATE

TEL: +234-810-177-7996

MEMBERSHIP NO. _____

Passport of Member

Passport of Next of Kin

APPLICATION FOR MEMBERSHIP/ ADMISSION

I, _____ of _____
(Surname) (Other Names) (Address)

_____ Phone number _____ Sex _____

(Valid ID card/ Voter's card/ Drivers' license/ International Passport should be attached please)

Occupation _____ Local government _____

state of Origin _____ Nationality _____ Date of Birth _____

Wishing to be a member of the aforesaid Co-operative Society, have read the Bye-Law of the Society and pledge to make

a weekly/monthly contributions/savings of the sum of N _____ (_____)

With effect from the week/month of _____ 20 _____ Marital Status _____

I also declare that _____ who is my _____

Is my next of Kin. In the event of my death or insanity, he/she shall receive whatever amount that is standing to my credit in the funds of the Society and will be accountable for whatever debts I owe the Society.

Signature of Applicant _____ Date _____

Name of Witness _____ Sign _____

Date _____

NOTE: If Next of Kin is not nominated, the Society shall rely on letter of administration from the Court or next of Kin in the Member's work place. Change of next of Kin attracts a processing fee of N3,000.00 (three thousand naira) only.

MEMBERSHIP REGISTRATION FEE IS N5,000.00 (THIS IS NON-REFUNDABLE AND IT IS NOT PART OF YOUR MONTHLY OR WEEKLY CONTRIBUTIONS TO THE CO-OPERATIVE SOCIETY)

OFFICIAL USE ONLY

Presidents' signature/date: _____

Secretary's signature/date : _____

Treasurers' signature/date : _____



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