

MAZINGIRA WELFARE ASSOCIATION
P.O. Box 10097- 00100 NAIROBI
TEL.NO. 0714-130269 NHIF BULDING
E-Mail address: info@mazingirawelfare.org
Website:mazingirawelfare.org.

APPLICATION FOR MEMBERSHIP

I the under signed, wish to join the above Association with immediate effect. I authorize you to deduct Kshs.200/= as entrance fee.

You should also be deducting Kshs.700/= per month from salary as my monthly contribution.

1. FULL NAME
2. DESIGNATION
3. PERSONAL NUMBER
- ID. NO.....PIN.....
4. MINISTRY/DEPARTMENT.....
5. STATION.....MOBILE NO:.....
- EMAIL ADDRESS.....
6. SIGNATURE.....DATE.....
7. NEXT OF KIN
- NAME..... ID/NO. Where applicable
- RELATIONSHIP
- ADDRESSMOBILE.....
- No. of Children..... Ages.....

FOR OFFICIAL USE ONLY

Approved:

1. Chairman Secretary
- Membership No.....
- Date Registered

NOTE:

In the event of any changes i.e. death of next of kin nominated or marriage or change of name etc a member should notify Mazingira Welfare Association headquarters immediately.

P.T.O

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MEMBER'S DECLARATION FORM

MEMBER'S NAME:

DESIGNATION: MINISTRY/DEPT:

PERSONAL NUMBER :

DATE OF BIRTH :

STATION :

MARITAL STATUS :

NAME OF SPOUSE: (WIFE/HUSBAND) :

NAMES OF CHILDREN: UNDER 26 YEARS:

1. DATE OF BIRTH:
2. DATE OF BIRTH
3. DATE OF BIRTH
4. DATE OF BIRTH

NEXT OF KIN: ALTERNATE NEXT OF KIN.....

NOK MOBILE NO :

ADDRESS :
.....

The particulars given above are correct to the best of my knowledge. I undertake to inform the management immediately there is any change on the information provided above, particularly with regard to the particulars on the next of kin, spouse and children.

.....
MEMBER'S SIGNATURE

.....
DATE