



MEMBERSHIP APPLICATION FORM

Name of Applicant.....

Postal Address.....

E-mail Address..... Mobile No.....

Date of Birth..... National ID/Passport No..... (Attach Copy)

Pin Certificate :..... (Attach Copy)

Nationality..... County.....

Sub-County..... Occupation.....

QUALIFICATIONS FOR MEMBERSHIP

- i) A member of Eagle's Eye SACCO Ltd
- ii) Employee of Eagle's Wings Housing Cooperative Limited
- iii) Within the society's area of operation.
- iv) Has attained the age of 18 years except in case of a minor who is the heir to a deceased member.
- v) Is of sound mind.
- vi) Pays Entrance fee of Kshs 1,000 and minimal Share capital of Kshs 20,000 prescribed in the Eagle's Wings Housing Cooperative Limited By-laws.
- vii) Corporate bodies and Registered Groups duly vetted and approved for membership.

Ido hereby declare that the information I have given is true and correct to the best of my knowledge and belief.

Signature.....Date.....

For Official Use Only

Application received by.....Date.....

Approved/Not approved.....Membership No.....

If not approved, give reasons.....

Signed:

Chairman..... Date.....

Secretary..... Date.....

Treasurer..... Date.....