

**(YOUR ORGANIZATION)
Membership Application & Admission**

Date _____

<input type="checkbox"/> NEW	<input type="checkbox"/> UPDATE	Member #
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Important Information About Account Opening Procedures

To comply with "Know Your Customer" standards, we obtain, verify, and record information that identifies each person when opening a new account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, County ID or passport. We will also take your photograph for our records.**

Member/Owner Information

<input type="checkbox"/> Update		
Name as listed on ID Card:	ID Number:	
Mailing Address:	ID Type:	
City/State/Zip:	Serial Number:	
Physical Address:	Date of Birth:	Gender:
City/State/Zip	District of Birth:	Place of Issue:
Primary Phone:	Place of Issue	
Secondary Phone:	E-Mail Address:	
Employer:	Occupation/Title:	

Other Particulars:

Member has been recruited by:		
Name	Member Number	Date

Agreement

By signing or otherwise authenticating, I/we agree to the Bylaws of (YOUR ORGANIZATION) and to any amendment the SACCO makes from time to time which are incorporated herein. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the SACCO is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

Member/Owner	Date
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For official Use:	
Date of admission:	Approved by management committee meeting minutes no _____ on date _____
Entrance Fee paid on:	First Share paid in
Membership Number Assigned	Secretary Signature:

Your Organization's Address and Phone

Payable on Death Instruction

Date:	Signature:
Next of Kin:	ID Number:
Postal Address:	ID Type:
Postal Address, continued:	Cell Number:
Next of Kin:	ID Number:
Postal Address:	ID Type:
Postal Address, continued:	Cell Number:
Next of Kin:	ID Number:
Postal Address:	ID Type:
Postal Address, continued:	Cell Number:
Next of Kin:	ID Number:
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Postal Address, continued:	Cell Number:

Postal Address, continued:	Cell Number: