

**ICEA HOUSING CO-OPERATIVE SOCIETY LTD  
P.O. BOX 46143-00100 NAIROBI**

**MEMBERSHIP APPLICATION FORM  
(Complete in Capital Letters)**

**The Management Committee  
ICEA Housing Society Ltd  
P.O Box 46143-00100  
Nairobi.**

Date...../...../.....

**Application Requirements**

- 1. A copy of the National ID/Passport.
- 2. Two passport photos (coloured).

I hereby make an application for membership and agree to confirm to the Societies By-Laws and any amendments thereof:-

<b>Personal Information</b>					
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Surname		First Name		Middle Name	
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
ID Number		Marital Status		Employer	
_ _ _ _	D   D   M   M   Y   Y   Y   Y			_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Salutation	Date of Birth			Position In Employment	
<b>CONTACTS</b>					
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Mobile No.1		Mobile No.2		Office Telephone	
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Office Address		Code		Town	
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	
Home Address		Code		Town	
_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _			Email: .....		
Branch			Introduced By:.....		

**PHOTO CAPTURE**

**Affix photo here.**  
  
**Please write your full names and ID No. on the Back of the photo.**

**Affix photo here.**  
  
**Please write your full names and ID No. on the Back of the photo.**

I hereby certify that the forgoing information is true to the best of my knowledge. I consent that I have read the Society's By-laws and hereby accept to be bound by the terms and conditions thereof and any other policies formulated from time to time as my be directed by the annual general meeting or any other body mandated to formulate such policies.

Given under My hand this ..... Day of ..... 20.....

Signature.....

Witnessed By:

Name: ..... ID No: .....

Address:..... Signature: ..... Tel: .....

**FOR OFFICIAL USE ONLY**

Received by: ..... Sign..... Date.....

Authorized by: ..... Sign..... Date.....

Admitted on: dd / mm / yyyy Mem No..... Mem fee paid:.....

Date left: dd / mm / yyyy Reason for leaving:.....

**DATA CAPTURE**

ID/PPT/photos  Check off capture  Mem fee  Sacco Mem

Data capture officer:..... Sign:..... Date: .....