

Membership Number

Member's
Photo.

Beneficiary's
Photo.

APPLICATION FOR MEMBERSHIP

I hereby make application for membership in the Uganda Parliamentary Co-operative Savings & Credit Society Ltd.

1. Name in full
(Capital Letters)
2. Gender Date of Birth.....
3. Married/Single/Separated/Divorced
4. Religion
5. Occupation Profession
6. E-mail address Mob. Tel.....
7. Name of Employer
8. Employment address
9. Date of Appointment to the current employment
10. Membership Category (Tick appropriate): Sitting MP, Former MP, EALA Member, Staff, Former Staff,
Family Member, Other (Specify)
11. Business address: Plot No. Street
- Village/Cell
- Parish/Ward
- Sub-County/Town
- Postal address Tel. No.
12. Physical address: Plot No. Street
- Village/Cell
- Parish/Ward.....
- Sub-County/Town
- District
- Postal address Tel. No.

13. Permanent Home Address: Plot No. Street.....
 Village / Cell
 Parish/Ward
 Sub-County/Town
 District
 Postal address Tel No.
14. Nature of Business (Tick appropriate): Real Estate, Transport, farming, Poultry, Livestock, Hotel,
 Tourism, printing, general Merchandise, Others (Specify)
15. I agree to make a minimum deposit of shs..... per month.
16. If application is accepted, I agree to pay an entrance/Membership fee of Shs.
17. I accept to buy share capital of shs
18. Next of kin Age..... Relationship Tel
19. Beneficiary Age Relationship Tel
20. Introduced By Tel
21. Date of termination of membership
22. I agree to abide by the Bye-Laws of the society
23. Constituency/Department
24. Signature Date

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This application approved/Rejected by Committee

Signed CEO/Chairperson/Treasurer Date:.....

Member enrolled by AGM sitting on Signature (Chairperson)