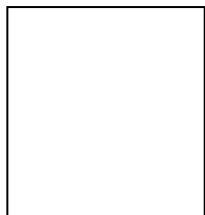


AL-MUBAARAK MULTIPURPOSE COOPERATIVE SOCIETY LTD

c/o ISLAMIC WELFARE FOUNDATION SECRETARIAT,
OWONIBOYS BUILDING, NO. 159, IBRAHIM TAIWO ROAD,
P.O. BOX 62, ILORIN.



MEMBERSHIP APPLICATION FORM

DATE:

FORM NO:

NAME:

SURNAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH:..... SEX: MALE FEMALE

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED

NAME OF SPOUSE:

SURNAME

FIRST NAME

MIDDLE NAME

PRESENT EMPLOYMENT: TEMPORARY PERMANENT UNEMPLOYED

EMPLOYER: SELF GOVERNMENT PRIVATE

NAME OF PRESENT EMPLOYER:

ADDRESS OF PRESENT EMPLOYER:

PRESENT SALARY LEVEL:.....

AVERAGE MONTHLY INCOME:

AMOUNT TO BE CONTRIBUTED MONTHLY

NAME OF BANKERS AND ACCOUNT NUMBER INTO WHICH INCOME IS DEPOSITED:

1.

BANK

ACCOUNT NUMBER

2.

BANK

ACCOUNT NUMBER

3.

BANK

ACCOUNT NUMBER

HOME TOWN:

NAME OF FAMILY COMPOUND IN HOME TOWN:

HOME ADDRESS:

OFFICE ADDRESS:

WHATSAPP PHONE NUMBER(S)

E-MAIL ADDRESS:

NEXT OF KIN:

RELATIONSHIP OF NEXT OF KIN TO YOU:

NAME, REGISTRATION NUMBER & SIGNATURE OF SPONSORS

(TWO MEMBERS OF THE SOCIETY WHICH MUST BE OF GOOD STANDING)

1. *NAME* *SIGNATURE* *REG. NO.*

2. *NAME* *SIGNATURE* *REG. NO.*

**ARE YOU A MEMBER OF ANY OTHER INSTITUTION / ORGANISATION WITH
SIMILAR OBJECTIVE?**

IF YES, GIVE NAME OF SUCH OTHER INSTITUTION(s) TO WHICH YOU BELONG

1.

2.

3.

**DO YOU HAVE ANY INDEBTEDNESS OR OBLIGATION TO OTHER
INSTITUTIONS/ORGANISATIONS INCLUDING COOPERATIVE SOCIETIES?**

NAME OF INSTITUTION(S):
.....

NAIRA VALUE OF TOTAL OBLIGATION:

DECLARATION

I, solemnly make the following declarations making Allah (God) my witness that:

- i. I hereby voluntarily subscribe to the full membership of this Society
- ii. I promise to fulfill all obligations of membership promptly and as at when due.
- iii. I pledge to abide by the rules and regulations guiding the operation of the Society as are contained in the bye-laws
- iv. I pledge to make the consciousness of Allah (God) to guide me in all my conducts as they relate to this noble Society.

DATE: **SIGNATURE:**

FOR OFFICE USE

Registration Fees Paid:

Date Registration fees Paid:

Receipt Number:

Date of Interview:

Is Applicant Legible for Membership: Yes () No ()

ELIGIBILITY CRITERIA	POSITIVE	NEGATIVE
Age		
Gainfully Employed		
Registration Fees		
Completed Registration Form		
Certified Veracity of Information Supplied		
Sponsors of Good Standing		
Applicant Interviewed		

Application Granted /Rejected

Reasons for Rejection of Application:

.....

Membership Number Alloted:

OFFICIAL SIGNATURES

President: *NAME* *SIGNATURE*

Secretary: *NAME* *SIGNATURE*

Treasurer: *NAME* *SIGNATURE*

DATE: