

# 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: .....