



**MAKUENI COUNTY  
AKA HOUSING COOP SOCIETY LTD  
P.O BOX 172 – 90134  
YOANI**

**Contacts: +254 707 538 797 / +254 708 008 922  
Email: [makueni.aka@gmail.com](mailto:makueni.aka@gmail.com)  
Website: [www.makueniaka.or.ke](http://www.makueniaka.or.ke)**

## MEMBERSHIP FORM

### 1.0 Member Details

**Member No:** .....

Full Name: Miss/ Mrs: .....

I.D No / Passport No: ..... Date of Birth: .....

Residential address (Area /Estate): ..... Town: .....

Postal Address: ..... Code: .....Town: .....

Telephone No: ..... Email: .....

Profession / Occupation: ..... Position: .....

Employer / Business details: .....PIN No: .....

Constituency: ..... Location: ..... Sub-location: ..... Village: .....

Documents provided	
Original ID / PP for verification	
Photocopy of ID / Valid Passport	
2 Recent Passport size photos	
Copy of PIN certificate	

### 2.0 Beneficiaries

I, the undersigned, in the event of death whilst a member of the Society, hereby appoint the person(s) named in this section to be my beneficiary (ies).

Name	DOB	Relationship	ID No (if minor C/O)	Contacts (if minor C/O)	Shares (%)

### 3.0 Declaration

I confirm that the information provided is true and complete to the best of my knowledge and that I accept the terms of the society as laid out in the By-laws.

**Member's Signature:** ..... **Date:** .....

**Witnessed (by a member of the Society):**

Name: ..... ID No: ..... Membership No: ..... Date: .....

### 4.0 For Society Official Use Only

Date of admission to Membership: .....

Vetted & accepted by: Name: ..... Signature: ..... Date: .....