

# KENYA COMMUNITY IN THE NORTH EAST OF USA. (K.C.N.E)

KENYAN COMMUNITY  
NORTH EAST

## K.C.N.E SAVINGS AND CREDIT COOPERATIVE SOCIETY

### APPLICATION FOR MEMBERSHIP

I hereby submit my application for membership and agree to conform to the Society's By-laws and any other amendments hereon.

NAME .....

MEMBER NO.....(BLOCK LETTERS)

ADDRESS.....STATE.....

ZIP CODE..... PHONE NUMBER.....

E-MAIL ADDRESS .....

#### **DECLARATION BY APPLICANT:**

I hereby declare that the foregoing particulars are true to the best of my knowledge and belief and I agree to abide by the by-laws of the Society, the Co-operatives Act, Rules, the loan policy and any variations that may be made from time to time.

It will be my sole responsibility to ensure that my monthly share contributions of \$.....and a one-time membership fee of \$.....and/or loan repayments are remitted promptly to the SACCO Treasurer either in cash/pay bill or Standing order from my account.

APPLICANT'S SIGNATURE .....

DATE .....

Recommended By:

Name .....Position in the Sacco .....

Phone No..... M/No.....

Signature .....

Date.....

708 Linden Street, Bethlehem PA 18018

**SACCO TEAM:** Wilson Shivachi, John Oyugi, Margaret Kihonge, Betty Shikanga, Anne Kimani, Gregory Muganda, Rose Maina, Ken Kaunda.

[www.kcne.org](http://www.kcne.org) Phone: (484) 821-7724, Email: Admin@kcne.org.



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## OFFICIAL USE ONLY:

Member's details verified by:

Name .....

Date .....

Designation ..... Membership fee of \$.....paid on .....

Receipt No.....Date of admission.....

Membership No. ....Date.....

ID/DRIVER'S LICENSE No. ....

Signature .....

\*Application form must be accompanied by 1 passport size photograph and a copy of ID/Driver's License.

I do hereby nominate the following nominees to be paid my final dues and any other interest after all deductions of any outstanding loan(s) I owe the KCNE SACCO Society as at the time such claim is made.

Signature ..... Date.....

## Witnessed by:

Name .....

ID/Driver's License NO.....

Phone No.....Signature .....

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Checked by:

Name .....

M/No .....

Designation .....

Signature ..... Date.....

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