



GEWA MULTI-PURPOSE COOPERATIVE SOCIETY

C/o Agape Events Place, 24/26 Diya Street, Ifako Gbagada, Lagos. Tel. 08033000401

Email: gewamcs@gmail.com, greatequitywa@gmail.com

Affix 2 passport photographs here. Write your name and sign behind each picture

MEMBERSHIP APPLICATION FORM

Application Form #

1. TITLE: Mr () Mrs () Others (Please Specify):

2. FULL NAME:
Surname Other Names

3. EMAIL ADDRESS:

4 RESIDENTIAL ADDRESS:
.....
.....PHONE #(S).....

5. POSTAL ADDRESS:

6. DATE OF BIRTH: 7. PLACE OF BIRTH:

8. NATIONALITY: 9. STATE OF ORIGIN:

10. HOME TOWN: 11. L.G.A.....

12. NEXT OF KIN:
.....PHONE #(S).....

13. DETAILS ON CURRENT PLACE OF WORK//BUSINESS

NAME & ADDRESS OF COMPANY:
.....
.....POSITION:.....

14. AMOUNT OF MONTHLY CONTRIBUTION N
(Minimum N5,000 and Maximum N50,000)

15. SPONSORED BY:
Surname Other names

.....
Sponsor's Membership Number/Signature Date

16. DECLARATION:

I (applicant's name)hereby apply to be a member of GEWA Multi-purpose Cooperative Society.

If admitted, I undertake to accept and abide by the code of conduct/Covenant/Rules & Bye-laws of the Cooperative society and shall endeavour to advance the course of the Organization.

I certify that the information given on this form is true and correct and enclose payment for my membership application.

.....
Applicant's Signature/Date

FOR OFFICIAL USE ONLY:

Date Received: Receipt/Teller #.....

Membership Fee Payment Details

Amount Paid: N..... Bank:.....

Date of Payment:..... Cheque or Cash:

Membership #:

Passbook #:.....

Nomination Form Administered, Executed and Returned to the Office Yes () No ()

Recommendation:

.....

.....
Cooperative Officer's Name/Signature/Date

FINAL MEMBERSHIP APPROVAL:

S/NO	COOPERATIVE EXECUTIVE'S NAME	POSITION	SIGNATURE	DATE
1				
2				

NOTES:

- i) The Application form must be submitted with evidence of N16,000 into our bank account
- ii) The Completed forms should be returned along with 2 passport photographs & a copy of recent utility bill.



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NOMINATION FORM

The person(s) named hereunder shall be my next of kin under the terms of the Constitution of the Society, whom in the event of my death, all sums due to me from the Society shall be transferred.

(List the nominee(s) here and state the relationship and ratio of distribution)

1. Relationship Ratio.....

2. Relationship Ratio.....

3. Relationship Ratio.....

4. Relationship Ratio.....

Signed, and delivered by the said:

Mr/Mrs/Miss:

(Full name and signature of the applicant)

In the presence of
(Witness):

Name:

Address:

Signature/Date: