



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

**Contacts: +254 0703 739 333 / +254 0736 008 922**  
**Email: [makueni.aka@gmail.com](mailto:makueni.aka@gmail.com)**  
**Website: [www.makueniaka.or.ke](http://www.makueniaka.or.ke)**

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

## MEMBERSHIP FORM

### 1.0 Member Details

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

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

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

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

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

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

Occupation: ..... Employer/Business: .....

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

Village: .....

### 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: ..... MNo: ..... Signature: ..... Date: .....

### 4.0 For Society Official Use Only

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

Admission date: ..... Date card issued: ..... Date Collected: .....