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MEMBERSHIP APPLICATION FORM

LSK HOUSING M. NO.....

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Surname	Other Names	
Date of Birth	Occupation	I.D.NOAttach copy and 2 passport photos
Membership Eligibility: One	e must be a member of LSK Sacco	LSK Sacco M/No
CONTACT DETAILS		
Personal Current Address	Postal Code	Town
Mobile No	Landline Email	
Residence Estate:	RdHse	Phone
Home Address	Postal CodeTown	Phone
Work		
Place of work	Position	
(Attach an up to date letter of emplo	oyer and or current copy of practicing certificat	te if an advocate)
Building	FloorStreet	
Mobile NoLar	ndlineEmail	
Next of kin	Relationship(s)	ID NO
Applicant's Signature:	Date	
Witnessed By	Signature	MNo
(Witness must be an existing active	member of the society.)	
<u>LTD</u> - <u>01100169856100</u> -Co accept cheques or banking	ited directly to our A/C .LSK HOUS operative Bank, Kimathi Street Nai slips. (The Society will not be liable for e payments through cheques to LSK Housing	robi. Our office/agents will only any cash given to any of the Sacco
RECRUITED BY	SIGNATURE	M NO