



WAZALENDO SAVINGS AND CREDIT CO-OPERATIVE SOCIETY LIMITED  
P.O BOX 132 BOMBO  
Tel.0414356221

## 1. APPLICATION FOR MEMBERSHIP

I hereby make application for membership and agree to conform to the Society's By-laws and any Amendments thereof.

Name in Full:.....(BLOCK LETTERS)  
Army Number:.....Rank:.....  
Current Unit:.....  
Home District:.....County:.....  
Sub-County:.....Village:.....  
Telephone:.....  
Date.....

## 2. AUTHORITY TO MAKE DEDUCTIONS FROM SALARY

I.....hereby authorize  
you to deduct the amounts below from my salary every month and pay to Wazalendo  
Savings and Credit Co-operative Society Limited with effect from.....  
Until further notice.

Membership Fee.....  
Share contribution.....  
Monthly Savings.....  
Others(specify).....  
TOTAL.....

FAMILY MEMBERS	Membership Fee	Share Contribution	Monthly Savings	Total

**FOR OFFICIAL USE ONLY**

Date of Admission.....

Membership No.....

.....

Savings Officer