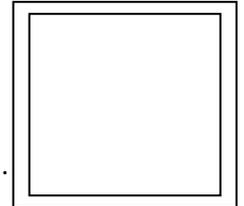




# UNIOSUN COOPERATIVE INVESTMENT AND CREDIT SOCIETY

PMB 4494, OSOGBO, OSUN STATE

## MEMBERSHIP FORM



- 1 Name;.....
- 2 Home Address.....
- 3 Residential Address.....
- 4 College.....
- 5 Department.....{b}Phone no.....
- 6 E-mail Address;.....{b}Staff I.D.....
- 7 Date of Birth.....{b} Sex.....{c}Marital Status.....
- 8 Spouse Name{if married};.....
- 9 Spouse Address;.....
- 10 Next of Kin:

Name..... Name;.....

Occupation;..... Occupation;.....

Address & Phone no..... Address & Phone no.....

.....

.....

- 11 Share Capital.....{b}Saving.....{C }Invt saving.....

Applicant's Signature..... Date;.....

### AUTHORITY TO DEDUCT

I, ..... the undersigned, hereby authorised the Bursar to deduct from my monthly salary to the above named society, the ..... as savings and shares on monthly basis.

.....

**Signature and Date**

**OFFICIAL USE**

