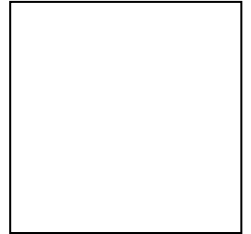


COMBATANT HEROES CO-OPERATIVE MULTIPURPOSE SOCIETY LIMITED

MEMBERSHIP FORM

Address: Lagos State Fire & Rescue Service Alausa secretariat Ikeja, Lagos

Phone: +234 8055328617, 08036134561



1. Personal Details

- Full Name: _____

- Gender: ☐ Male ☐ Female

- Date of Birth: ____/____/____

- Marital Status: ☐ Single ☐ Married ☐ Other

- State of Origin: LGA: _____ LGA: _____

- Residential Address: _____

- Phone: _____ WhatsApp: _____ - Email: _____

- Occupation: _____ MDA's: _____ Oracle No: _____

Means of Identification(Payslip and Identity Card):

- Monthly Income: ₦ _____

- Bank Name: _____ Account Name: _____ Account No: _____

2. Next of Kin

- Full Name: _____ Relationship: _____ Phone: _____

- Address: _____

3. Fees & Commitment

- Registration Fee: ₦2,000

- I agree to save ₦ _____ every ☐ Month and to the loan terms of the society

4. Declaration

I declare that the information above is true. I agree to abide by the bylaws of [Cooperative Name] including thrift payment, loan repayment, and disciplinary rules.

Applicant Signature: _____ Date: ____/____/____

For Official Use

Membership ID: _____ Approved By: _____ Date: ____/____/____