



MEMBERSHIP FORM



Applicant Information

Name:		
Date of birth:	NHF no (if available):	Phone:
Current address:		
City:	State, LGA:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?

Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Bank Address:
City:	State, LGA:	Postal Code:
Position:	Identification Card Type/Number	Annual income:

Co-applicant Information, if Married

Name:		
Date of birth:	NHF no (if available):	Phone:
Current address:		
City:	State, LGA:	Postal Code:
Own Rent (Please circle)	Monthly payment or rent:	How long?

Co-applicant Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State, LGA:	Postal Code:
Position:	Hourly Salary (Please circle)	Annual income:

References

Name:	Address:	Phone:
Name:	Address:	Phone:
Signature and stamp of employer/surety:		

Declaration

I....., Hereby Make An Undertaking To Abide By The Regulations Of Nish Cooperative Society Ltd.	
Signature of applicant:	Date:
Signature of co-applicant (if applicable):	Date:
Non-refundable application processing fee of N2000 (Two Thousand Naira) is payable to NISH Cooperative account: Skye Bank: 1140147197. Please attach evidence of payment to this form.	