

## **MEMBERSHIP APPLICATION FORM**

PASSPORT PHOTOGRAPH

Title: Prof., Dr., Rev., Mr., Mrs., Mi	ss., (Underline as appropriate)	Surname:	
First Name	Other Names:		/
Place of Birth	Gender: Nationality.	Phone No:	
Marital Status	Spouse's Name	Phone No	
Email Address:	Residential Addres	s <mark>s:</mark> GPS:	
Location:	Landmark: <mark>.</mark>		
Employer/Business Name:	<u></u>	Staff No.: Division:	
Employer/Business Adress:		Location:	

I hereby apply for membership in the above-named Union and agree to be bonded by the Byelaws and Regulations governing the operations of the union. I understand that for this Union to be successful and for me to become an active member (Accountholder), I must pay an entrance fee of **GHS20.00**, subscribe the minimum share of **GHS500.00** and, make regular savings of not less than **GH¢100.00** a monthly. I may qualify for loan for good purposes after saving continuously for **not less than six (6) months**, make regular loan repayments when granted and attend meetings Annual/Special General Meetings.

promise to save at least GHSev	very month with effec	t from			
Means of Contribution; Source Deduction	Mobile Money	Cash 🗖	Cheque 🗖	Standing Order	D (please tick)
IN CASE OF EMERGENCY:	11000	$\square$	1		
Contact Person	Postal Address	Hou	ise No. & Pla	ace Mobi	le No.

## **NEXT OF KINS / BENEFICIARY (IES):**

In case of my death, I nominate the underlisted person(s) to receive my entitlements based on the allotment below.

No	Name	Relationship	<b>Contact Address</b>	Mobile No.	Allotment (%)
1					
2					
3					
4					
5					

## **Required:**

- a) At least two (2) months old Utility bills (Water bill/Electricity bill) should be provided
- b) A National ID Card (ECOWAS Identity Card (Ghana Card), Voters' ID, Ghana Card, Passport, Driver's License)



I, .....) having satisfied with good conduct of the above named persons and by the power vested in me/us as a member, I recommend this applicant to the management for membership in the union.

Signature: Date:		••••••	
Officer in Charge:		Approved By:	
Name:	. Signature Date		

Office location: CRIG Public Affairs Block, New Tafo - Akim Office Lines: 034-229-2400/02/04 Website: www.crccugh.org