APPLICATION FOR MEMBERSHIP

3rd Floor, MURBS Building / Postal: P O Box 9268 – 40141, Kisumu

Mobile: 0701 095 900/0734 788 888/ Landline: +254 - 057-2021507

Email: info@masenorbs.or.ke/ Website: www.masenorbs.or.ke

COLOURED PASSPORT PHOTOGRAPH

(Attach 1 Photo)

APPLICANTS INFORMATION

Names: ..... Surname ..... Other Names

GENDER: Male ☐ Female ☐ Marital Status: ..... (Single/Married/Divorced/Widowed)

Date of Birth: ..... DAY / MONTH / YEAR ..... National ID/Passport No.: ..... Attach copy of National ID

Payroll no: ..... Date of Employment: ..... DAY / MONTH / YEAR .....

Employer: .....

Department/Campus: .....

Grade: ..... Email Address: .....

Mobile No: ..... / .....

Residential Address: ..... Code: ..... Town: .....

SPOUSE OR NEXT OF KIN'S INFORMATION (MUST be above 18 years)

Names ..... Surname ..... Other Names

National ID.: ..... Relationship to member: .....

Mobile No: ..... Email Address: .....

STATEMENT OF ACCURACY

I declare that the details given above are to the best of my knowledge and belief correct.

Signature of Applicant: ..... Date: ..... DAY / MONTH / YEAR .....

FOR OFFICIAL USE ONLY

Member No:		Date Joined Scheme:		Certified by(name):	