

THAMANA (SHG) welfare ASSOCIATION Membership Form



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

2. Staff Numbers CBK..... Pensions.....Previous work station /section .....

Exit date .....ID NO..... Tel: contact .....

3. Personal Email.....

4. Spouse's full Name .....

5. Spouse Telephone contacts .....ID no.....

6. Member's County of residence..... / .....

7. Location...../ ..... Estate.....

8. Next of kin Name .....

9. Relationship to member .....

Contact tel: .....ID No.....

10. I wish to be a member of THAMANA (SHG) Welfare Association and do authorize

the Interim committee to use my data on the registration form for the noble

intentions of the welfare's administrative requirements and where applicable for the

welfare's website and related technological matters, or to only authorized entity as

per the Kenyan law. Signed ..... this ..... day

of ..... 20.....and witnessed by (MUST be a colleague in this welfare and known to

member) : ..... Sig: .....this ..... day of

.....20.....

Witness Tel: contacts .....

