

MEAC STAFF WELFARE ASSOCIATION

APPLICATION FOR MEMBERSHIP

(To be completed by applicant)

I. MEMBER'S PERSONAL DETAILS

NAME:..... P/NO.....

ID NO:..... TEL. (MOBILE).....

MINISTRY:.....

STATE DEPARTMENT:..... STATION.....

ADDRESS:.....

TERMS OF SERVICE:...(Permanent and Pensionable/Contract/Probation (tick as appropriate))

MARITAL STATUS:..... SPOUSE'S NAME:.....

ID NO:.....

II. DETAILS OF CHILDREN AND PARENTS/PARENTS IN-LAW

NO	NAME	ID/BIRTH CERT. NO	SEX	AGE	RELATIONSHIP

NB: Attach copies of Birth Certificate and Identity card

III. DETAILS OF NEXT OF KIN

NAME.....

ID/NO..... RELATIONSHIP TO MEMBER.....

NB: *Attach ID or Birth Certificate of next of kin*

IV. DECLARATION

I hereby authorize the Accounting Officer to deduct Ksh..... being member’s monthly **Welfare** Contributions and Ksh.....being **Shares** Monthly contributions and remit the same to MEAC Staff Welfare Association.

Signed..... Date:.....

V. APPROVAL (For official use only)

Approved/Not Approved by:

If not approved, reason

.....

Chairman.....Secretary..... Treasurer.....

Appendix

Notes for filling the Application Form:

1.0 Contributions

The contribution is based on two (2) bands only as follows:

- (a) Lower band - Monthly Contribution Ksh. 400.00
- (b) Upper band - Monthly Contribution Ksh. 800.00

2.0 Shares: Shares contributed are used to grant loans and are refundable to a member upon resignation from the Welfare.

3.0 Benefits in case of a bereaved member

	<u>The Lower Band</u>	<u>The Upper Band</u>
Contributor -	Ksh. 30,000.00	Ksh. 50,000.00
Spouse -	Ksh. 30,000.00	Ksh. 50,000.00
Child -	Ksh. 30,000.00	Ksh. 50,000.00
Parent -	Ksh. 20,000.00	Ksh. 30,000.00

Reinsurance with KCB Insurance Agency has benefits of Ksh 50,000 & Ksh100,00 for the 2 bands.