

SOLITRUST INVESTMENT THRIFT & CREDIT COOPERATIVE SOCIETY LIMITED

Head Quarters: Hajjar Place, Plot 1349, Ahmadu Bello Way, Garki, Abuja.

END OF YEAR MEMBERSHIP FORM

Field with asterisk (*) are Compulsory

Tel: +234 802 559 7656, +234 803 615 8014



All prospective members of SOLITRUST Cooperative Society are required to complete this registration form. Indicate any changes; Membership runs from January. 1st - December 30th Every year.

NEW MEMBERSHIP **RENEWAL**

SECTION 1: MEMBER CONTACT INFORMATION

TITLE	<input type="checkbox"/> Mr <input type="checkbox"/> Alh. <input type="checkbox"/> Dr <input type="checkbox"/> Chief <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> others _____	
*NAME		
*ADDRESS 1		*MAIN TELEPHONE
ADDRESS 2		WORK TELEPHONE (if different)
ADDRESS 3		HOME TELEPHONE
TOWN/CITY		*MOBILE PHONE
ZIP CODE		PRIMARY EMAIL
*Day/Month of birth		SECONDARY EMAIL
*Next of Kin Name		*Next of Kin Tel

SECTION 2: MEMBERSHIP TYPE AND METHOD

MEMBER TYPE	DESCRIPTION	MEMBERSHIP DUES (Monthly)
FULL	Full Membership	N200 + N5000 (Minimum) Monthly
ASSOCIATE	Associate membership is open to all who share SOLITRUSTs Cooperative objectives or wish to help advance them but cannot become full members (restricted from direct benefits or access to funds directly except through a full member)	ANY AMOUNT
	Important	All Contribution must be remitted on or before the last day of the month.
Contribution Method	<input type="checkbox"/> Table Contribution <input type="checkbox"/> Bank Deposit <input type="checkbox"/> Online Transfer	

SECTION 3: Notices

1	All full members can access funds on loan basis payable monthly with a 10 % monthly interest.
2	Funds collected on loan by a member can be rolled over so long the interest is serviced.
3	Any member that wishes to withdraw from the welfare must give two weeks' notice and in that case his/her total contribution will be refunded without any interest.
4	Associate members can only access/borrow funds through a full member
5	Any member that wishes to borrow above his/her contribution need another member to guarantee him/her
6	Members benefit at the end of year will be determined by members contribution.
7	The additional N200 contributed by members monthly are for administrative purposes, but will be added to the total interest at the end of the year if not used. Please notify us whenever we have a cause to celebrate child birth, wedding, etc. or if a member is bereaved.
8	Each member of the Cooperative will receive his/her total contribution from January to November on or before 25th December of that year and the interest will be used to purchase food stuff and distribute to members as agreed by all the members in some cases cash equivalent will be given to those who prefer cash. (not encouraged)

Date: _____

Sign: _____

SOLITRUST Cooperative Society Ltd.

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SECTION 4: Account Details

FILL WITH CAPITAL LETTERS

SurName	
Middle Name	
Other Name	
Account Number	
Bank Name	

SECTION 5: NEXT OF KIN

FILL WITH CAPITAL LETTERS

Name	
Home Address	
Office Address if any	
Email if Any	
Phone Numbers	

SECTION 6: Members Home Address

FILL WITH CAPITAL LETTERS

Name	
Address 1	
Address 2	
Names know with in your Area.	

SECTION 6: Remark:-

Date: _____

Sign: _____

Official Use Only

Name Of Staff: _____	Signature: _____	Date: _____
Comment: _____		
