

**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.**