



VILLAGE MARKET VENTURES MULTIPURPOSE COOPERATIVE

44 , Oyedele Ogunniyi Str. Anthony Village Tel. 08023132600 , 08023081599 Email- Vmconcept17@Gmail

MEMBERSHIP APPLICATION

FORM NO.

- 1. TITLE (Mr/Mrs/Miss/Ms/Others)
- 2. NAME IN FULL (BLOCK LETTERS)
- 3. Email Address
- 4. CONTACT ADDRESS
- 5. POSTAL ADDRESS
- 6. DATE OF BIRTH 7. PLACE OF BIRTH.....
- 8. NATIONALITY 9. STATE OF ORIGIN
- 10. L.G.A OF ORIGIN 11. SEX
- 12. HOME TOWN / VILLAGE OF ORIGIN 13. MARITAL STATUS.....
- 14. ORGANISATION /DATE OF FIRST APPOINTMENT
- 15. IF ON CONTRACT INDICATE WHEN CONTRACT IS TERMINATING /ENDING
- 16. MOBILE TEL. NO 17. ALTERNATIVE NO:
- 18. BANK NAME 19. ACCOUNT NO
- 20. BANK BRANCH 21. ID NO (IF NOT A NIGERIAN):

NEXT OF KIN (To be contacted in case of emergency)

- 22. NAME IN FULL 23. DATE OF BIRTH.....
- 24. RELATIONSHIP 25. MOBILE TEL NO
- 26. CURRENT ADDRESS 27. CODE
- 28. TOWN 29. Email Address

30. MONTHLY CONTRIBUTION YOU WANT TO BE MAKING
 N10,000, N20,000, N30,000, N40,000, N50,000,N100.000 OTHERS ABOVE N100,000 PLEASE SPECIFY AMOUNT

31. MONTHLY CONTRIBUTION TO BE PAID THROUGH (Tick Appropriate)
 Standing Order Cheque/Cash Direct Transfer

32. REFERRED BY:
 (Surname First)

REFFERAL’S MEMBERSHIP Number: SIGNATURE :

33. DECLARATION:

I (applicant’s name) Hereby apply as a member of VILLAGE MARKET MULTIPURPOSE COOPERATIVE. If admitted, I undertake to accept and abide by the Rules & bye-laws of the cooperative and shall endeavor to advance in the course of the organization. In certify that the information given on this form is true and correct and enclosed payment for my membership application.

.....
 Applicant’s Signature/Date



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KINDLY ATTACH THE FOLLOWING MANDATORY DOCUMENTS

- i. ONE COPY OF YOUR ID/PASSPORT
- ii. TWO RECENT PASSPORT SIZE PHOTO write your name, ID number and signature at the back
- iii. EVIDENCE OF CURRENT RESIDENCE

FOR OFFICIAL USE ONLY

DATE RECEIVED: RECEIPT NO:

MEMEBERSHIP FEE PAYMENT DETAILED: N..... BANK:.....

DATE OF PAYMENT: CHEQUE OR CASH:

MEMEBERSHIP NO: PASSBOOK #:

NOMINEE FORM ADMINISTERED, EXECUTED AND RETURNED TO THE OFFICE :.....

REMARK:

.....

MEMBERSHIP:

Recommended Accepted Recommended Rejected:

.....

Administrative officer executive's Name/Signature/Date

FINAL MEMBERSHIP APPROVAL:

S/NO	Cooperative Executives Name	Post	Signature	Date
1.				
2.				