



# MEMBERSHIP APPLICATION FORM

Please complete in BLOCK LETTERS. This form is complete  
When attached: One Recent colored passport Photograph, Copy of National ID and a copy of KRA PIN.

Attach Passport photo



I hereby make an application for membership and agree to conform to Mulembe Youth Group Association's constitutional provisions and any amendments thereof. Name.....  
Sign.....

## SECTION 1: APPLICANT'S BIO DATA

Mr. /Mrs		Gender:	Male	Female
Name (as per National ID):				
ID NUMBER				
D.O.B	D	D	M	M
	Y	Y	Y	Y
HOME COUNTY:	CONSTITUENCY:		Physical Address:	
Marital Status:	Primary Mobile No:		Alternative Phone No:	
	Email address:			

254 768 054 786  
254 743 350 542  
254 705 476 204



mulembeyga@gmail.com



### MISSION:

**Youth Empowerment:** Providing young people with skills, education and opportunities for personal and professional growth.

**Community Development:** Engaging in projects that improve social, economic and environmental conditions.

### GROUP ACTIVITIES:

Youth/Member Empowerment programs,  
Community Based Projects,  
Income generating activities,  
Peer education and member support



## SECTION 2: NEXT OF KIN DETAILS

I the undersigned, upon my demise whilst a member of the association, hereby instruct the association to pay all amounts due to me less any debts to the Association, to the person named in this section. I understand that I may alter the names of nominated Next of Kin by a written letter to the association's committee.

Name:	Phone No:	Relationship:	ID No.
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Please provide a guardian if the nominee is below 18 years.

Name:	National ID	Mobile No.
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I \_\_\_\_\_ declare that all the particulars given by me are true. I confirm that I have read the terms and conditions governing the association and agree to be bound by them. I further consent that my personal data, collected in connection with such terms and conditions, may from time to time be used and disclosed for such lawful purposes and to such persons as may be in accordance with the Mulembe Youth group's prevailing Privacy Policy and the relevant laws.

Name:	Signature:	Date:
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## SECTION 3: FOR OFFICIAL USE ONLY

KYC verification done by:

Name:	Role:	Signature:
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The Applicant has been approved and assigned Member No:	
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**MULEMBE YOUTH GROUP  
ASSOCIATION**

Together we empower



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254 743 350 542  
254 705 476 204



[mulembeyga@gmail.com](mailto:mulembeyga@gmail.com)



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