

MEMBERSHIP FORM

NAME..... ID.....
DATE OF BIRTH.....
PHONE NUMBER (S):..... E-MAIL :.....
HOME ADDRESS:..... BUSINESS ADDRESS:.....
SOCIAL MEDIA NAMES (to help communicate with you)

[Facebook icon] [WhatsApp icon] [Twitter icon] [YouTube icon] [LinkedIn icon]

DETAILS OF SPOUSE

NAME..... ID.....
DATE OF BIRTH.....
PHONE NUMBER (S):.....
NUMBER OF CHILDREN.....

DETAILS OF NEXT OF KIN (should not be spouse)

NAME..... ID.....
DATE OF BIRTH.....
PHONE NUMBER (S):.....

SIGNATURE..... DATE.....

OFFICIAL USE ONLY

MEMBERSHIP NO:..... EFFECTIVE.....

ACTION BY:..... SIGNATURE.....

APPROVED BY..... SIGNATURE..... DATE.....

Terms and Conditions

- 1. All new applicants must pay the stipulated membership fee to be included in the cooperatives membership list.
2. When we refer to the "Rules of the Cooperative" we mean the prescribed by-laws (which may change from time to time) which are available for download from our website: www.ebacapital.co.zw
3. If you would like a physical copy of them you can contact us on the numbers above.

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info@ebaproperties.co.zw
08644278615
0719 999 999

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relevant to you....