

# DPINES STAFF COOPERATIVE SOCIETY LTD

NO 3 GWANDARA CLOSE, FIRST AVENUE GWARIMPA, ABUJA.  
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ATTACH  
PASSPORT  
HERE

## COOPERATIVE MEMBERSHIP FORM

Name in full (Surname first) \_\_\_\_\_

State of Origin: \_\_\_\_\_ LGA of Origin: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Home Town: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_ Occupation: \_\_\_\_\_ Office Address \_\_\_\_\_

Phone number: \_\_\_\_\_ Highest Educational Qualification: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

### NEXT OF KIN PARTICULARS:

Name in full (Surname first): \_\_\_\_\_

State of Origin: \_\_\_\_\_ LGA of Origin: \_\_\_\_\_ Gender: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Town: \_\_\_\_\_ Home Address: \_\_\_\_\_

\_\_\_\_\_ Occupation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### DECLARATION:

I \_\_\_\_\_ declare that all information and ID tendered for this purpose are valid and authentic, any false information given may lead to termination of my membership with the cooperative. I also agree unconditionally to be bound by the terms and conditions of the cooperative and changes that may arise from time to time and to attend the cooperative meetings as scheduled.

Name: \_\_\_\_\_ Sign/Date: \_\_\_\_\_