

GRACE PARTH CARE MEMBERSHIP FORM

MEMBERSHIP SERVICES REGISTERING FOR:

LAST EXPENSE.....SAVINGS.....Medical.....FARM INPUT (Fertilizer\$ Seeds)MEMBERSHIP
NUMBER.....CATEGORY.

2. PART 1: PRINCIPAL MEMBER DATA (18-70YEARS)

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....National ID.....

Marital status.....County.....Village/Town.....

Postal Address.....Contact.....

3. PART 2: SPOUSE DETAILS(WIFE/HUSBAND)

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....National ID.....

Marital status.....County.....Village/Town.....

Postal Address.....Contact.....

4. PART 3: CHILDREN DETAILS(1YR-17YRS)

1st Child:

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....Birth certificate Number.....

2nd Child:

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....Birth certificate Number.....

3rd Child:

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....Birth certificate Number.....

4th Child:

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....Birth certificate Number.....

5th Child:

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....Birth certificate Number.....

6th Child:

Surname.....Middle Name.....First Name.....

Date of Birth.....Gender.....Birth certificate Number.....

4.PART 4: PARENTS DETAILS

Paternal Parents:

1.Surname.....Middle Name.....First Name.....

Date of Birth.....National ID.....Over 70 yrs: YES...NO...

2.Surname.....Middle Name.....First Name.....

Date of Birth.....National ID.....Over 70 yrs: YES...NO...

Spouse Parents:

1.Surname.....Middle Name.....First Name.....

Date of Birth.....National ID.....Over 70 yrs: YES...NO...

2.Surname.....Middle Name.....First Name.....

Date of Birth.....National ID.....Over 70 yrs: YES...NO...

1.NEXT OF KIN DETAILS:

1ST NEXT OF KIN

1.Surname.....Middle Name.....First Name.....

National ID.....CONTACT.....Relationship.....

2ND NEXT OF KIN

1.Surname.....Middle Name.....First Name.....

National ID.....CONTACT.....Relationship.....

7 PART 5: PRE-EXISTING CONDITION

Do you have any health condition? YES.....NO.....

Kindly name or describe the health condition.....
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8.PART 6: DECLARATION:

I..... the undersigned, hereby declare that the information provided above is true and accurate to the best of my knowledge. I understand the terms and conditions of G and accept to a abide by and that any false information may lead to termination of membership.

Member's Signature _____ **DATE**.....

Registering Officer:

Name.....**code**.....**signature**.....**mpesa code**

Referred by Member Number.....