

St Pauls Self Help Group  
St Paul Catholic University Chapel  
University Way  
P.O. BOX 41512, 00100 NAIROBI  
Mobile: 0707 774792  
Email: [info@stpaulshg.org](mailto:info@stpaulshg.org)



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**MEMBERSHIP REGISTRATION FORM**

*(Attach passport & photocopy of ID)*

*(Please complete this form in block letters)*

**1. APPLICATION FOR MEMBERSHIP**

I hereby apply for registration and agree to conform to the Group's Guidelines and By-laws and any amendments thereof.

Full Name \_\_\_\_\_ ID No \_\_\_\_\_  
P.O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel (Office) \_\_\_\_\_  
Tel (Home) \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_

Dated \_\_\_\_\_ Signed \_\_\_\_\_ (*Applicant*)

**2. NOMINATED BENEFICIARY**

I, undersigned, in the event of my death, whilst a member of the Group hereby instructs the Group to pay all amounts due to me, less any debts to the Group to the person named in this section (*The name of the nominee can be given in a sealed letter*). I undertake that I may alter name of the Nominated Beneficiary by filling in a subsequent beneficiary.

Full Name of Nominated Beneficiary \_\_\_\_\_ ID No \_\_\_\_\_  
Relationship to Applicant \_\_\_\_\_

**Address of Beneficiary:** P.O. Box \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel \_\_\_\_\_  
Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

**Witnessed by:**

Full Name \_\_\_\_\_ ID No \_\_\_\_\_  
Tel \_\_\_\_\_ Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

Dated \_\_\_\_\_ Signed \_\_\_\_\_ (*Witness*)

Dated \_\_\_\_\_ Signed \_\_\_\_\_ (*Applicant*)

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**3. FOR OFFICIAL USE, ONLY**

Membership Registration No \_\_\_\_\_ Date Registered \_\_\_\_\_ Management  
Committee Minute No \_\_\_\_\_ Minute Date \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_ Date of Share Refund \_\_\_\_\_ Refund Voucher / Cheque  
No \_\_\_\_\_

Withdrawal Notes \_\_\_\_\_