



# FULLER HOUSING COOPERATIVE SOCIETY LTD.

RC No: 8004

*Creating access to truly affordable homes...*

**Central Office:** Plot 3, Ubiaja Crescent, Off Ladoke Akintola Blvd. Opp. Tantalisers, Garki 2, FCT-Abuja.

**Secretariat:** CampLuvu Estate, Millard Fuller Street, Luvu Madaki, Masaka.

**Email:** coop@mffhousing.com **Tel:** 07066259030, 08170235931

**No:** .....

## MEMBERSHIP APPLICATION FORM

Attach 2 passport photos here.

Write your name and sign behind each picture.

### PERSONAL DATA FORM

1. TITLE (Mr./Mrs./Miss/Ms./Others) \_\_\_\_\_
2. FULL NAME: \_\_\_\_\_ SURNAME) First
3. CONTACT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone Number(s) \_\_\_\_\_
4. POSTAL ADDRESS: \_\_\_\_\_
5. DATE OF BIRTH: \_\_\_\_\_
6. PLACE OF BIRTH: \_\_\_\_\_
7. NATIONALITY: \_\_\_\_\_
8. STATE OF ORIGIN: \_\_\_\_\_
9. HOME TOWN/VILLAGE OF ORIGIN: \_\_\_\_\_
10. L.G.A \_\_\_\_\_
11. QUALIFICATION(S) \_\_\_\_\_
12. NAME OF NEXT OF KIN: \_\_\_\_\_
13. ADDRESS OF NEXT OF KIN: \_\_\_\_\_  
 \_\_\_\_\_
14. NEXT OF KIN PHONE NO: \_\_\_\_\_

### DETAILS ON CURRENT WORK PLACE

COMPANY & ADDRESS	FROM	POST	RESPONSIBILITIES

15. ₦2000.00 Minimum contributions/₦ 500,000.00 share capital contributed in 6 months

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16. YOUR REFEREE: \_\_\_\_\_ (Surname First)

REFEREE'S Number: \_\_\_\_\_

17. I accept to stand as referee to this applicant:

REFEREE'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

REFEREE'S ADDRESS: \_\_\_\_\_

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### **DECLARATION:**

I (applicant's name) \_\_\_\_\_ hereby apply for membership of **FULLER HOUSING COOPERATIVE**; If admitted, I undertake to accept and abide by the code of conduct/Covenant/Rules & Bye-laws of the Cooperative and shall endeavor to advance the course of the FULLER HOUSING COOPERATIVE. I certify that the information given on this form is true and correct and enclose payment for my membership application.

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Applicant's Signature/Date

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### **FOR OFFICIAL USE ONLY**

Date Received: \_\_\_\_\_ Receipt NO. \_\_\_\_\_

Membership Fee Payment Detailed: ₦ \_\_\_\_\_ Bank: \_\_\_\_\_

Date of Payment: \_\_\_\_\_ Cheque or Cash: \_\_\_\_\_

**Membership Accepted or Rejected?** \_\_\_\_\_

***If rejected, Give Reason:***

\_\_\_\_\_  
\_\_\_\_\_

***If accepted:***

Membership No: \_\_\_\_\_

Passbook No: \_\_\_\_\_

Any Other Remarks:

\_\_\_\_\_

APPROVED BY: \_\_\_\_\_