ALLIANCE DES ENTREPRENEURS
POUR L'AGRICULTURE DURABLE DU LITORAL
Alliance of Entrepreneurs for Sustainable Coastal Agriculture
(COOP CA ALENAGDUL)
P.O.BOX _____ DOUALA, TEL (237) 692 539 530/ 674 547 981
Email: coopca037@gmail.com

APPLICATION FOR MEMBERSHIP

*Name:*_____ *Sex*_____

*Date of Birth:*_____ *Place of Birth*_____

*Occupation:*_____

*Address:*_____

*Email:*_____ *Tel:*_____ *Or*_____

*NIC Nº.*_____ *Issued on*_____ *at*_____

I wish to apply for membership in **COOP CA ALENAGDUL** *I am conversant with the bye-laws, and if accepted as a member, I agree to abide by those bye-laws and amendments thereof.*

*Applicant's Signature:*_____ *Date*_____

*Proposed by:*_____ *a member.*

*Proposed by:*_____ *a member.*

FOR THE BOARD OF DIRECTORS

*Approved by:*_____ *Signature:*_____ *Date*_____

*Membership Number Allocated*_____

NOMINATION OF BENEFICIARY

*Name of Member:*_____ *Account Nº.*_____

In pursuant to the current Co-operative Law and Decree of Application, with model Bye-laws regarding the naming of heirs. I hearby nominate the following as my beneficiary(ies), as well as his/her/their ratio(s):-

No.	NAME	TEL	RELATION	RATIO*	SIGNATURE
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

*Done at*_____ *this*_____ *day of*_____ *20*_____

*Name of Member:*_____ *Signature:*_____

*Name of Witness:*_____ *Tel:*_____ *Signature:*_____

** = Ratio. Not more and not less than 100%*
The names of the beneficaries should be in the order of their birth Certificates/National Identity Cards.