ANCIENT PATHS STUDENTS' ASSOCIATION, APSA

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A. MEMBERS' APPLICATION FORM

I, the undersigned, hereby apply to be admitted into membership of **APSA**. I also solemnly swear to abide by the Guiding Principles and Rules of APSA and any amendments made thereof.

Full Name: ……...……...…….…….

Station: ……..…… **Student No.**: ……..…… **ID/No.**: ……

Postal Address: ……..……...…… **Tel.**: ….……..……...……

B. DETAILS OF DEPENDANTS

Name of Spouse……

Names of child (ren)

1) …… ……

2)……

3)……

4)……

Name of Father…… ……

Name of Mother……

Signature of Applicant: ……..…….. **Date**: ……

C. NOMINATED NEXT OF KIN

In the event of death whilst am a member of APSA I hereby instruct APSA to pay all benefits, less any debt due, to the person named in this section irrespective of any other will made by me. I understand that I may alter the name of the nominated next of kin only in special written instruction (s) to the APSA Management Committee through the Secretary.

Name of the Next of Kin: ……..……...…… **Relationship**: ……...….....……

Cell Phone: ……..…….…….. **ID/No.**: ……..……

D. NOTICE TO THE SCHOOL

I hereby commit to submitting Ksh _____ monthly/ annually towards my welfare contribution regularly as required. Thank you.

E. FOR OFFICIAL USE ONLY

Date of Admission into Membership: ……..……

First Deduction Due On: ….....

Membership Registration No.: ……..… ……

Authorized Signature: ……...……...……

Date of Membership Cessation: …… ……

Reasons for Cessation: ……. …….. .

Authorized Signature:

……..…..

All correspondences should be addressed to the Secretary