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Resolving your financial problems with love

MEMBER ACCOUNT APPLICATION Form: _____

Important Note: Membership is completely voluntary. Have you read AFI policies regarding community saving account? ( ) Yes ( ) No. If yes, do you agree to abide by the policies? ( ) Yes ( ) No. If you answer "YES" to both questions, you may fill up this form.

Personal Data: **Non-refundable Registration fee - $15.00 per Account**

Name: _____ _____ _____
First Middle Last

Current Address: _____
_____

Phone number (s) you can be reached at: _____ or _____
Home Cell

Account Information - Share Value: $25.00

No. of Share Registered: _____ Bi-weekly Payment Amount: _____

Estimated Total Annual Principle: _____

Beneficiary / Next of Kin:

Name: _____ _____ _____
First Middle Last

Current Address: _____
_____

Phone number (s) you can be reached at: _____ or _____
Home Cell

Declaration: *I declare that the information I have given on this form is true to the best of my knowledge. I have read the policies and conditions of my account and I accept to be governed by them. I therefore authorize AFI to open an account in my name.*

Signature (Account Holder): _____ Date: _____

Signature (Account Holder): _____Date: _____ (Joint account)

Office Use Only

Account opened & Approved by: _____ _____
Print Name of approver Title

_____ _____
Signature of approver Date

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