



Member Full Name: _____

Member Contacts:

Email Address: _____

Tel: _____

Address: _____

Covered Members plus Principle:

❖ Principle member:

1) _____

❖ 2 Nuclear Members

2) Husband: _____

3) Wife: _____

❖ Children

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

❖ Parent(s)

4) Mother: _____

5) Father: _____

❖ Sibling(s)

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

In the event that you do not have one or more of the above listed family members you can pick from any of the listed family members to complete the 6 covered. The additional member should be age appropriate for example if one loses a child, they cannot replace with a grandparent rather they can pick a niece or any of their children. If you have a shared scenario, you can agree with whoever you share the scenario with to pick different family members otherwise each case will be treated as an individual case meaning you will all receive one \$5,000 deposit to share. Added members at the beginning of the fiscal year will only be considered for coverage after 120 days. New members joining the welfare can only benefit from the welfare after 90 days during this time they continue to make payments to current cases.

1. Parents who adopted you: _____
2. Adopted children: _____
3. Grandparents: _____
4. Uncle/Aunt: _____
5. Niece/Nephew: _____
6. Uncle/Aunt Spouse: _____
7. Cousin: _____
8. Other: _____

I have received and read the hand book, I have also made the one time membership amount of \$200, I also promise to replenish in a timely manner otherwise missing 3 occurrences will mean that I am no longer a member of the welfare.

N/B:

- Please note that membership amount only applies to the new members.
- Per cycle a member can only cover 7 members of the family after which renewal of membership is required

Kindly sign below:

Date: _____ Signature: _____

To notify treasurer of an occurrence, deposit before travel for cases that may occur while you are away, suggestions email: mbaituincwelfare@gmail.com

- 1) Treasurers Contact: Daudi Mbuta: 6166350408
- 2) Communications: Ree Ndunge: 8622150615

I _____ have completed and submitted a notarized addendum:

- I have read the Mbaitu inc. welfare hand book and agree to comply with the requirements of the welfare group.
- Other: _____

I understand that I should replenish for each case in the two week period failure to which fees will apply, while not in good standing meaning I have not replenished in the 2 week period I will not qualify for the welfare benefits signature

Payment Options

- 1) Zelle: mbaituincwelfare@gmail.com
- 2) Donor box
- 3) Mbaitu website: www.mbaituinc.org

Contacts Information

- 1) Treasurers Contact: Daudi Mbuta: 6166350408
- 2) Communications: Ree Ndunge: 8622150615
- 3) Email: mbaituincwelfare@gmail.com