



# SOKOINE UNIVERSITY OF AGRICULTURE COMMUNITY HEALTH SCHEME

## MEMBERSHIP REGISTRATION FORM

Form Status (Put  $\checkmark$ ) New  Additional  Renewal  Correction  Lost

### SECTION 1 – MEMBERS PHOTOS (Coloured Passport sized photograph must be attached here)

Contributing Member 01  PHOTO 4.5 X 3.5 cm 1.78 X 1.38 Inch	SCHS Number/ Membership No. <input style="width: 100%;" type="text"/>  Check _____  Staff ID Number _____  Terms of Service (Permanent/Contract) _____	Spouse 02  PHOTO 4.5 X 3.5 cm 1.78 X 1.38 Inch	
Dependant 1 03  PHOTO 4.5 X 3.5 cm 1.78 X 1.38 Inch	Dependant 2 04  PHOTO 4.5 X 3.5 cm 1.78 X 1.38 Inch	Dependant 3 05  PHOTO 4.5 X 3.5 cm 1.78 X 1.38 Inch	Dependant 4 06  PHOTO 4.5 X 3.5 cm 1.78 X 1.38 Inch

### SECTION 2 – PRINCIPAL MEMBER DETAILS (Member to Fill all the items)

First Name <input style="width: 100%;" type="text"/>	Date of Joining SCHS	Day <input style="width: 20px;" type="text"/>	Month <input style="width: 20px;" type="text"/>	Year <input style="width: 20px;" type="text"/>	
Middle Name <input style="width: 100%;" type="text"/>	Date of First Contribution	Day <input style="width: 20px;" type="text"/>	Month <input style="width: 20px;" type="text"/>	Year <input style="width: 20px;" type="text"/>	
Last Name <input style="width: 100%;" type="text"/>	Work Station	<input style="width: 100%;" type="text"/>			
Date of Birth	Department	Date <input style="width: 20px;" type="text"/>	Month <input style="width: 20px;" type="text"/>	Year <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>
Marital Status	Postal Address	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow(er) <input type="checkbox"/>
Gender	Mobile No.	Male <input type="checkbox"/>	Female <input type="checkbox"/>	<input style="width: 100%;" type="text"/>	
Employment Date	Email address	Date <input style="width: 20px;" type="text"/>	Month <input style="width: 20px;" type="text"/>	Year <input style="width: 20px;" type="text"/>	<input style="width: 100%;" type="text"/>

### SECTION 3 – DEPENDANTS DETAILS (Member to Fill all the items)

Name of Dependants	Male		Female		Date		Month		Year		Relationships 2 - Spouse 3- Child 4 - Parent 5- Other Spouse(s)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	
02	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	
03	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	
04	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	
05	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	
06	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	

### SECTION 4 – MEMBER CERTIFICATION

I certify that the above information is correct

Name <input style="width: 100%;" type="text"/>	Signature <input style="width: 100%;" type="text"/>	Date <input style="width: 20px;" type="text"/>	Month <input style="width: 20px;" type="text"/>	Year <input style="width: 20px;" type="text"/>
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**SECTION 5 – EMPLOYER CERTIFICATION**

Employer Vote	<input type="text"/>	Address	<input type="text"/>						
Name of Authorized Officer	<input type="text"/>	Official Capacity	<input type="text"/>						
Signature	<input type="text"/>	Date	<table border="0"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/></td><td><input type="text"/><input type="text"/><input type="text"/><input type="text"/></td></tr></table>	Day	Month	Year	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Day	Month	Year							
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							

**Official Stamp .....**

**SECTION 6 – RECEIVING AND VERIFICATION ((For SCHS use Only)**

	Designation	<input type="text"/>		
Name of Officer	<input type="text"/>	Signature	<input type="text"/>	
		Day	Month	Year
		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**ADDITIONAL REMARKS**

1. Registered dependants are strictly confined to spouse, children not over 25 years and parents of the principal member or legal spouse only.
2. Please attach legal proof of relationship of your spouse and dependants as follows
  - i) For children attach copy of birth certificates/Adoption order
  - ii) For Spouse attach Marriage Certificate
  - iii) For parents attach copy of birth certificates
  - iv) For parents in-law attach copy of spouse’s birth certificate and marriage certificate
  - v) For step children attach copy of birth certificate and marriage certificate
3. Ensure identity cards issued to you and your dependants are kept safety and not misused. Legal measures shall be taken for any misuse including suing.
4. Return all identity cards to SCHS office immediately upon cessation of your membership.
5. In case of multiple-wives marriage member shall submit marriage certificate registered by RITA or District Administrative Secretary (DAS).
6. SCHS membership and benefits shall be as defined under the SCHF Trust Deed and Rules,2017.