



**NATIONAL ASSOCIATION OF GOVERNMENT GENERAL
MEDICAL AND DENTAL PRACTITIONERS
CO-OPERATIVE SOCIETY
ONDO STATE**



NMA Hose, Dpp. 2nd Gate Owena Motels, Igbatoro Road, P.O.Box 2805, Akure, Ondo State, e-mail:naggmdpondo@yahoo.com

APPLICATION FOR MEMBERSHIP

I, the undersigned do hereby apply for membership of NAGGMDP COOPERATIVE MULTIPURPOSE SOCIETY and subject to approval of this application.

I willingly authorize the society to deduct from my monthly salary an amount of money stated by me.

NAME IN FULL:

CS NO.:

ADDRESS:

RANK:

DATE:

PHONE NO.:

DEDUCTION FORM

I,

Having become a member of the NAGGMDP COOPERATIVE MULTIPURPOSE SOCIETY do hereby authorize the deduction from my salary or wages until otherwise the sum of ₦ naira to be paid to the Society on my behalf with effect from

This authority shall remain binding until cancelled or when membership is withdrawn. This authority supersedes any other ones.

Bank:

Account Number:

Signature:

Station:

Date:

DR. OBE RICHARD .B. DR. OLAJIDE OLUBUKOLA .A. DR. OLUWALANA OLUWASEUN	CHAIRMAN SECRETARY TREASURER	08032518767 08057072141 08032959564	DR. JOSIAH OLUWASEUN DR. GBADEBO-AINA OLUBUKOLA	FINANCIAL SECRETARY INTERNAL AUDITOR	08034471782 08037158679
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