



ADVENTIST HERITAGE CO-OPERATIVE FUND LIMITED

**PURPOSE DRIVEN
PRODUCT**

**CHURCHES /
INSTITUTIONS**

2 YEARS

3 YEARS

5 YEARS AND MORE

NAME:.....
(IN BLOCK LETTERS)

MAILING ADDRESS:.....

CONFERENCE / MISSION:.....

DISTRICT:.....

I hereby apply for membership in the Ghana Adventist Heritage Fund and agree to be bound by the rules and regulations of the fund. I understand that this product under no circumstance will qualify for a loan.

I promise to save at least GH¢.....every month.

Minimum of GHC 500.00

Enclosed herewith my registration fee of GH¢.....
(Fee is GHC 10.00)

..... Date
..... Email Address.....

Pastor Sign:..... Tel:.....

Elder Sign:..... Tel:.....

Secretary Sign:..... Tel:.....

Treasurer Sign:..... Tel:.....

FOR OFFICE USE ONLY:

PROCESSED BY:.....

DATE:.....

POSITION.....

