

Membership Application Form



Full name:

Contact details

Phone number:

Bank account

Name of the bank:

Account number:

Monthly contribution

1000 THB/ 1 head

2000 THB/2 heads

3000 THB/3 heads

4000 THB/4 heads

5000 THB/5 heads

: Other amount

General Terms and Conditions

I have read, understand, and agree to the rules and regulations of the Lifeline cooperative. By writing my full name in this agreement, I will abide by the policies of the group.