## CREDIT UNION MEMBERSHIP APPLICATION FORM



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HOME ADDRESS  MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)  HOME TELEPHONE # WORK TELEPHONE # E-MAIL ADDRESS  SURNAME OF SPOUSE (IF APPLICABLE)  WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR MONTHLY INCOME?  Under \$5,000 per month \$30,001 - \$50,000 per month \$50,001 per month \$50,001 per month \$50,001 per month \$50,000 per month \$5	Name of Cr	edit Unic	on		Branch					
DATE OF BIRTH (DDMMYY)  DATE OF BIRTH (DDMMYYY)  DATE  DATE  DATE OF BIRTH (DDMMYYY)  DATE  DATE  DATE OF BIRTH (DDMMYYY)  DATE  DATE  DATE  DATE OF BIRTH (DDMMYYY)  DATE  DAT	Account #					Date of Application				
DATE OF BIRTH (DDMM/YY)    MARITAL STATUS	ABOUT YOU	J								
GRINGLE   MARRIED   DIVORCED   AGE(S) OF EACH		SURNAME			FIRST NAME		MIDDLE	MIDDLE NAME(S)		
OWNE ADDRESS   OWNE		(DD/MM/YY)		DIV	ORCED					
ANALLING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)  ANALLING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)  ANALLING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)  ANALLING ADDRESS (IF APPLICABLE) WORK TELEPHONE # E-MAIL ADDRESS  BURNAME OF SPOUSE (IF APPLICABLE) FIRST NAME OF SPOUSE (IF APPLICABLE) MIDDLE NAME (IF APPLICABLE)  WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR MIGHEST COMPLETED LEVEL OF EDUCATION:  ANALLING ADDRESS (IF APPLICABLE) MIDDLE NAME (IF APPLICABLE)  WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR MIGHEST COMPLETED LEVEL OF EDUCATION:    Incomplete Elementary/Primary   Complete High School   Complete Tertiary/University	T.R.N. OF APPLICANT FORM OF IDENTIFICATION IDENTIFICATION #									
SURNAME OF SPOUSE (IF APPLICABLE)	HOME ADDRESS	i								
BURNAME OF SPOUSE (IF APPLICABLE)  FIRST NAME OF SPOUSE (IF APPLICABLE)  MIDDLE NAME (IF APPLICABLE)  M	MAILING ADDRES	SS (IF DIFFEI	RENT FROM HOME ADDRE	ESS)						
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Incomplete Elementary/Primary   Complete High School   Solo	URNAME OF SF	POUSE (IF AP	PLICABLE)	FIRST	NAME OF	SPOUSE (IF AP	PLICABLE)	MIDDLE NA	ME (IF APPL	ICABLE
ADDRESS OF EMPLOYER  REFERENCE (Relative, close friend or associate NOT living with the applicant)  NAME OF REFERENCE  ADDRESS OF REFERENCE  APPLICANT'S DECLARATION  hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credition of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any sour deems relevant and I agree to conform to the Rules and amendments thereof, and subscribe at least one share.  SIGNATURE OF APPLICANT  DATE  APPLICATION FORM  ACCESS  Plus  SURNAME  FIRST NAME  DATE  DATE  MARITAL STATUS  MARITAL STAT	MONTHLY INCOME?  ☐ Under \$5,000 per month ☐ \$5,001 - \$10,000 per month ☐ \$50,001 - \$75,000 per month				☐ Incomplete Elementary/Primary ☐ Complete High School ☐ Complete Elementary/Primary ☐ Incomplete Tertiary/University					
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REFERENCE (Relative, close friend or associate NOT living with the applicant)  NAME OF REFERENCE  ADDRESS OF REFERENCE  RELATIONSHIP  APPLICANT'S DECLARATION  hereby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any sour to deems relevant and I agree to conform to the Rules and amendments thereof, and subscribe at least one share.  SIGNATURE OF APPLICANT  DATE  PLUS  APPLICATION FORM  ACCESS  PLUS  SURNAME  FIRST NAME  DATE OF BIRTH (DD/MM/YY)  MARRIED SINGLE DIVORCED WIDOWED STAFF  MARRIED SINGLE DIVORCED WIDOWED YES DATE  MARRIED SINGLE DIVORCED WIDOWED YES DATE  MARRIED SINGLE DIVORCED WIDOWED YES DATE  OF THE ADDRESS  OTHER ADDRESS	NAME OF EMPLO	YER			OCCUPA	TION		FULL-TIME SELF-EMPL	OYED SE	RT-TIM ASONA
APPLICATION FORM  APPLICATION FORM  APPLICATION FIRST NAME  DATE  DATE  DATE  DATE  DATE  TELEPHONE #  RELATIONSHIP  RELATIONSHI	ADDRESS OF EM	IPLOYER						TELEPHON	IE#	
APPLICANT'S DECLARATION  Increby apply for membership in this Credit Union and declare that the information provided on this application is true and agree to notify the Credit Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any sour it deems relevant and I agree to conform to the Rules and amendments thereof, and subscribe at least one share.  SIGNATURE OF APPLICANT  DATE  APPLICATION FORM  A C C & S P J U S  SURNAME  FIRST NAME  DATE OF BIRTH (DD/MM/YY)  GENDER  MARRIED SINGLE DIVORCED WIDOWED STAFF  MAILING ADDRESS  OTHER ADDRESS	REFERENC	E (Relative	e, close friend or assoc	iate NC	OT living	with the applic	cant)			
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APPLICATION FORM  A C C C S S P L U S  SURNAME  DATE OF BIRTH (DD/MM/YY)  MALE   FEMALE   MARRIED   SINGLE   DIVORCED   WIDOWED   YES   N  MAILING ADDRESS  OTHER ADDRESS	Union of any mater	rial change the	ereto. I authorize the Credit l	Union to	obtain any	information it may	require, relati	ng to this applic		
SURNAME  DATE OF BIRTH (DD/MM/YY)    GENDER			SIGNATURE OF APPLICAN	ΙΤ			DATE	<u> </u>		
/ / MALE DEMALE DIVORCED DIVOR		CAT	ION FOR	M			c e s	s l	D l u	. S T
MAILING ADDRESS  OTHER ADDRESS		(DD/MM/YY)					DIVODOED			
	• •	SS	LIWALE LIFEMALE		MAKKIED	□ SINGLE □	PIVORCED	□ WIDOWE[	YES	o ⊔N
HOME TELEPHONE # CELLULAR TELEPHONE # FAX #	OTHER ADDRES	S								
	HOME TELEPHOI	NE#	WORK TELEPHONE #			CELLULAR .	TELEPHONE	# FAX#		
			SIGNATURE OF APPLICAN	JT			DATE			

## **CREDIT UNION MEMBERSHIP APPLICATION FORM**

PREPARED

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This application was approved and entered in the minute book at a meeting of the Board of Directors held on								
PRESIDENT		SECRETARY						
	NOMIN (PURSUANT TO "THE	NATION FORM CO-OPERATIVE SOCIETIES ACT	")					
Name of Society								
Account Number								
I,(Full N	ame)	of	(Address)					
·	,	· ,						
Being(Occup	pation)	and a member of	(Credit Union)					
Wife, Father, Mother, Child, Brother, S	Sister, Nephew, or Niece of me	e, the Nominator), to or among whom	it Union, unless such persons is the Husband, shall be transferred my property in the Credit rth below opposite their respective Names:					
NAME	RELATIONSHIP	ADDRESS	PROPORTION					
Where the Nomination is not intende be specified. Any previous nomination As Witness to my hand, this	n made by me is hereby canc	elled.	Jnion, the amount to be comprised in it, is to					
1								
SIGNATURE OF MEME	BER MAKING NOMINATION	ADDRESS						
2SIGNATURE OF WITH	ESS	ADDRESS						
CIGINATURE OF WITH	-50	ADDINESS						
FOR INTERNAL US	SE ONLY		Access Plus <sup>tm</sup>					
ACCOUNT TYPES ACCOUNT N	IUMBERS AVAILABLE BA	LANCES ACCOUNT #:						
01 CHEQUING	\$	REASON /	ATM LIMIT POS LIMIT					
02 SAVINGS 03 EASI LOAN	\$							
04 SHARE	\$	ID TYPE	ID#					
6 0 1	4 9 4							

CHECKED