

# CREDIT UNION MEMBERSHIP APPLICATION FORM

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FOR INTERNAL USE ONLY	
Name of Credit Union	Branch
Account #	Date of Application

ABOUT YOU			
<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.	SURNAME	FIRST NAME	MIDDLE NAME(S)
DATE OF BIRTH (DD/MM/YY) / /	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED	# OF DEPENDENTS AGE(S) OF EACH	
T.R.N. OF APPLICANT	FORM OF IDENTIFICATION <input type="checkbox"/> VOTER'S ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE	IDENTIFICATION #	
HOME ADDRESS			<input type="checkbox"/> OWN <input type="checkbox"/> RENT <input type="checkbox"/> OTHER
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)			
HOME TELEPHONE #	WORK TELEPHONE #	E-MAIL ADDRESS	
SURNAME OF SPOUSE (IF APPLICABLE)		FIRST NAME OF SPOUSE (IF APPLICABLE)	MIDDLE NAME (IF APPLICABLE)
WHICH OF THE FOLLOWING COMES CLOSEST TO YOUR MONTHLY INCOME? <input type="checkbox"/> Under \$5,000 per month <input type="checkbox"/> \$5,001 - \$10,000 per month <input type="checkbox"/> \$10,001 - \$20,000 per month <input type="checkbox"/> \$20,001 - \$30,000 per month		HIGHEST COMPLETED LEVEL OF EDUCATION: <input type="checkbox"/> Incomplete Elementary/Primary <input type="checkbox"/> Complete Elementary/Primary <input type="checkbox"/> Incomplete High School <input type="checkbox"/> Complete High School <input type="checkbox"/> Incomplete Tertiary/University <input type="checkbox"/> Complete Tertiary/University	
WHERE YOU WORK			
NAME OF EMPLOYER		OCCUPATION	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> SEASONAL
ADDRESS OF EMPLOYER			TELEPHONE #
REFERENCE (Relative, close friend or associate NOT living with the applicant)			
NAME OF REFERENCE			TELEPHONE #
ADDRESS OF REFERENCE			RELATIONSHIP
APPLICANT'S DECLARATION			
I 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 Union of any material change thereto. I authorize the Credit Union to obtain any information it may require, relating to this application from any source 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

*Access Plus™*

SURNAME		FIRST NAME	
DATE OF BIRTH (DD/MM/YY) / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	STAFF <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS			
OTHER ADDRESS			
HOME TELEPHONE #	WORK TELEPHONE #	CELLULAR TELEPHONE #	FAX #
_____		_____	
SIGNATURE OF APPLICANT		DATE	

# CREDIT UNION MEMBERSHIP APPLICATION FORM

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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 \_\_\_\_\_

## NOMINATION FORM (PURSUANT TO "THE CO-OPERATIVE SOCIETIES ACT")

Name of Society \_\_\_\_\_

Account Number \_\_\_\_\_

I, \_\_\_\_\_ of \_\_\_\_\_  
(Full Name) (Address)

Being \_\_\_\_\_ and a member of \_\_\_\_\_  
(Occupation) (Credit Union)

Hereby nominate the following as the only persons (none of them being an Officer or Servant of the Credit Union, unless such persons is the Husband, Wife, Father, Mother, Child, Brother, Sister, Nephew, or Niece of me, the Nominator), to or among whom shall be transferred my property in the Credit Union, whether in Shares, Loans, Deposits, or otherwise at my decease in such proportions as is set forth below opposite their respective Names:

NAME	RELATIONSHIP	ADDRESS	PROPORTION

Where the Nomination is not intended to comprise the whole of the member's property in the Credit Union, the amount to be comprised in it, is to be specified. Any previous nomination made by me is hereby cancelled.

As Witness to my hand, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

1. \_\_\_\_\_  
SIGNATURE OF MEMBER MAKING NOMINATION ADDRESS

2. \_\_\_\_\_  
SIGNATURE OF WITNESS ADDRESS

### FOR INTERNAL USE ONLY

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ACCOUNT TYPES ACCOUNT NUMBERS AVAILABLE BALANCES

01 CHEQUING		\$
02 SAVINGS		\$
03 EASI LOAN		\$
04 SHARE		\$

ACCOUNT #: \_\_\_\_\_

REASON	ATM LIMIT	POS LIMIT
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ID TYPE	ID #
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6	0	1	4	9	4												
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PREPARED

CHECKED

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