

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		<input type="checkbox"/> \$30,001 - \$50,000 per month <input type="checkbox"/> \$50,001 - \$75,000 per month <input type="checkbox"/> Over \$75,000 per month	
HIGHEST COMPLETED LEVEL OF EDUCATION: <input type="checkbox"/> Incomplete Elementary/Primary <input type="checkbox"/> Complete High School <input type="checkbox"/> Complete Elementary/Primary <input type="checkbox"/> Incomplete Tertiary/University <input type="checkbox"/> Incomplete High School <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

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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