Under 16 – Membership Application Form

Junior A/C No ……

I HEREBY APPLY FOR MEMBERSHIP OF AND AGREE TO ABIDE BY THE RULES OF NEWTOWNARDS CREDIT UNION

Applicants Name ……..

Address……

…… Postcode …….

Date of Birth ……..

Date of 16th Birthday……

School ……..

(Please Print Name)

Parent/Guardian ……..

Telephone No. ……Mobile No……Email……

Address (**If Different From Above**) ……

…… Postcode ……

Signature **X** …… Date ……..

Proposed By …… A/C No. ……..

Seconded By …….. A/C No. ……..

Acceptance By Committee ……Date……

Name of Adult(s) in Control of Account **(Please Print Name)**

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