Membership Application Form

A/C No …… **£3.00 Joining Fee**

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

Applicants Name ……..

Address……

…… Postcode …….

Telephone No. ……..…Mobile……Nat. Ins. No. ……

Email……..

Occupation ……..

Name Of Employer ……

Date of Birth ……..

Signature **X** …… Date ……..

Proposed By …… A/C No. ……..

Seconded By …….. A/C No. ……..

Acceptance By Committee …….. Date …….

Designation Of Beneficiary

I being a member of Newtownards Credit Union do hereby designate the following person as my beneficiary to receive any money due under the savings plans of Newtownards Credit Union Ltd providing I have fulfilled the agreement of any outstanding loan I hereby reserve the right to change the beneficiary herein.

Name…… Relationship……..

Address……

…… Postcode……..

Account No. …….. Signature X ……..

Date …….. Witness……