



# BALLINASCREEN CREDIT UNION LIMITED

## MEMBERSHIP APPLICATION

ACCOUNT NUMBER				
No. Existing A/c.				

TITLE: \_\_\_\_\_ FORENAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE JOINED: \_\_\_\_\_

TELEPHONE No.: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Employers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Declaration:**

I hereby apply for membership of and agree to abide by the rules of Ballinascreen Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief and that I am not, nor have not, been a member of any credit union other than those listed as follows:

*Applicant's Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

I certify that the above named person is personally known to me and the details relating to name and address are accurate.

Signed: \_\_\_\_\_ (Director/Teller) \_\_\_\_\_ Date: \_\_\_\_\_