

MEMBERSHIP APPLICATION



Name _____
(PRINT IN FULL)

Account
Number _____

Address _____

Date _____

Tel No _____

Occupation _____

Date of Birth _____

Employer's name & address _____

Have you been a member of a Credit Union before?

Yes

No

I wish to apply for membership of Cloughfern Community Credit Union Ltd, and agree to abide by its rules.

Applicant's signature _____

NOMINATION OF BENEFICIARY



Name of member _____
(PRINT IN FULL)

Account
Number _____

Address _____

Date _____

Name of beneficiary _____

Address of beneficiary _____

Relationship to member _____

I, being a member of Cloughfern Community Credit Union Ltd, nominate the above named as my beneficiary, to receive any money due under the Life Insurance Terms and Savings Plan of the Credit Union, providing I have fulfilled any outstanding loan agreement.

I reserve the right to change the beneficiary I have named here.

Member's signature _____