



St Gabriel's Credit Union Limited
Membership Application Form
 COMPLETE IN BLOCK CAPITALS (EXCEPT FOR SIGNATURES)

For Office use				
Account Number				

Title		Forename	
Surname		Date of Birth	
Address		Previous Address	
Length of Occupation: ____ years		Length of Occupation: ____ years	
Accom. Type	Home Owner __ Rented Tenant __ With Family __		
Telephone:	(H) _____ (W) _____ (M) _____		
Martial Status			
Employer Name			
Employer Address			
Occupation	Length of service: ____ years		
Employment Type	Full Time __ Part Time __ Permanent __ Temporary __		

Declaration
 I hereby apply for membership of and agree to abide by the rules of the credit union and declare that I am not or have not been a member of any credit union other than those listed as follows:

The information given by me above on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for or my membership with the credit union may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant's Signature		Date	
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In the event of the application for membership is in respect of a person unable to give receipts.

I/We hereby apply for membership in the name of the said _____ and I/we acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and and all withdrawals shall be applied to his/her sole benefit

Signed _____ Parent(s)/Gaurdian(s)/ Other _____ Date _____

Note: This application form must be accompanied with evidence of identification e.g. a copy of a current passport, driving licence, work id card (with photo) or similar proof and evidence of current address e.g. a copy of a household bill, a bank/building society statement or similar proof of address.