

APPLICATION FOR MEMBERSHIP

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	*		A Aomharchin Number	
	*		A Somborchin Number:	
	Name:			
	Name:			
	Name:		·	
	Name:			
	Name:		·	
	Name: Address:		·	
	Name: Address: Telephone		Date of Birth:	
	Name: Address: Telephone		Date of Birth:	
	Name: Address: Telephone	five years at the above address, please state the	Date of Birth:	
	Name: Address: Telephone	five years at the above address, please state the	Date of Birth:	



APPLICATION FOR MEMBERSHIP (contd.)

(THIS SECTION TO BE COMPLETED BY THE CREDIT UNION)

	of Identification	(Copies must be Attached)				
(complete i	me or more of the following:)					
	Personally known to					
	(Print name of officer)					
	Current Valid Passport					
	Current Valid Driving Licence					
	Current Valid I.D. Card (with photo),					
	e.g. from known employer, school, college etc.					
	*Other					
	*Please specify					
	Trease specify					
	of Address Verification one or more of the following:)	(Copies must be Attached)				
(complete i	me or more of the following.)					
	Original Decemt Household Bill					
	Original Recent Household Bill					
	Electoral Register					
	Į.					
	Telephone/Street Directory					
	Original Bank or Building Society Statement					
	*Other					
		1 1				
	*Please specify					
Application approved and details verified in accordance with the Standard Rules by:						
PP						
Signed:		****************				
Ü	(Membership Committee)					
		•••••				
	(Membership Committee)					
Date:						
	Day Month Year					