

TWCU Credit Union Co-operative Society Limited

MEMBERSHIP APPLICATION FORM FOR YOUTH

Official Use Only

ACCOUNT NO.:		

PLEASE ATTACH COPY OF CHILD'S BIRTH CERTIFICATE.

1	of		
(Name of Parent)	(Home Address)		
MAILING ADDRESS:			
NAME OF FIRM:			
FIRM'S ADDRESS:			
DEPARTMENT:	BRANCH:		
hereby apply for membership for my son,	/daughter		
DATE OF BIRTH:	TEL. NO.: (H) (WK)		
YR MTH D	DAY		
	hereby hold myself responsible for all payments this account		
(Name of Parent)			
until the said			
	(Name of Child)		
reaches of age or as the Board of Directors	may determine from time to time.		
I am prepared to contribute the sum of			
	(\$) to this account until further notice.		
PARENT'S SIGNATURE:	PAYROLL NO:		
DATE OF APPLICATION:	ACCOUNT NO:		
	FOR OFFICIAL USE ONLY		
SECRETARY:	PRESIDENT:		
DATE APPROVED:	DATE JOINED:		

TWCU Credit Union Co-operative Society Limited

COLLECTION OF CREDIT UNION DUES

I		hereby authorise the
«		יו
	(Name of Firm)	
	ges weekly/fortnightly/monthly, commenci	
and until further notic	e the sum of	
dollars (\$) and to pay same to the "TWCU Credit U	nion Co-operative Society Limited".
This authorization rep	laces any previous authorization I have signe	d. The above monies represents my
weekly/fortnightly/m	onthly, contribution to the above stated Cre	dit Union to be allocated as follows:
	ACCOUNT	AMOUNT
	SHARES	\$
	DEPOSITS	\$
	LOANS	\$
	HIRE PURCHASE LOANS	\$
	HIRE PURCHASE LOANS / CAR	\$
	MORTGAGE LOANS	\$
	SPOUSE	\$
	JUVENILE	\$
	BRIDGING FINANCE LOANS	\$
	OTHER	\$
	TOTAL	\$
"The information on this	form is irrevocable and shall not be changed withou	t the authorization of the Credit Union."
 Member's Signature	••••••	Prno/Accno
Official of TWCU		Date