

BAILLIESTION CREDIT UNION

ACCOUNT NUMBER

FIRST SAVERS

APPLICATION FOR MEMBERSHIP

1. GENERAL DETAILS

Surname: MISS/MASTER

For names:

Home Address:

.....

Postcode

Telephone Number :

School: Class

Date of Birth:

I hereby apply to join my relevant Credit Union. I agree to abide by the rules and accept the decisions of the members at the General Meetings and the Elected Committees. I declare that the information given on this form is true and correct to the best of my knowledge and belief.

Name of Parent/Guardian
(please print)

Signature of
Parent/Guardian

Date

NOTE TO PARENTS/GUARDIANS

Young savers will be allowed to withdraw limited amounts of cash from their account (subject to their accounts having sufficient funds) without parental consent. For amounts over this limit, an authorisation letter will be made out to the parent/guardian to be exchanged for cash. If you do not wish your child to make such cash withdrawals, please sign below.

I do not wish my child to make any cash withdrawals without my consent.

Signature of Parent/Guardian
