

**Membership Number**

# Membership Application Form

## Personal Details

Title.....  
 Surname.....  
 First name.....  
 Address.....  
 .....  
 .....  
 Postcode.....  
 Telephone.....  
 Email.....  
 NI No.....  
 Date of Birth.....

## Security Questions

Password.....  
 Reminder Question  
 .....  
 Mothers Maiden Name.....

## Employment Details

Employer.....  
 Job Title.....  
 Address.....  
 .....  
 .....  
 Postcode.....  
 Telephone.....

## Next of Kin

CU Membership no (if a member).....  
 Name.....  
 Address.....  
 .....  
 Telephone.....  
 Relationship to you.....

We ask for your Next of Kin details because your Credit Union savings and loans are insured, at no cost to our members (subject to conditions)

I, (the applicant) of the above address, as a member of Walsave Credit Union hereby nominate my next of kin of the above address as the person to whom there shall be transferred at my death, such property in the Credit Union as may be mine, at that time, whether is shares or otherwise.

**Signature of Applicant**

**Signature of Witness**

**Date of Signatures**




**Identification documents seen**

Proof of Name.....

**Entered by**.....

Proof of Address.....

## Declarations

I apply for membership of and agree to abide by the rules of Walsave Credit Union Ltd. The information given by me on this form is true and correct to the best of my knowledge and belief. The Credit Union is an authorised Data Controller under the provisions of the Data Protection Act, 1998.

I understand that a non-refundable membership fee of £5.00 will be deducted from my first payment into Walsave Credit Union Ltd to cover administration costs.

The above has been read to me and I understand how the Credit Union operates.

**Signature of Applicant**

**Signature of Witness**

**Date of Signatures**