

# ROMCUL Membership Application Form

Please print this form and complete all sections (except those marked "for office use") in block capitals and return to the nearest branch of the Robert Owen Montgomeryshire Credit Union Ltd.

Member number \_\_\_\_\_

*For office use*

## Application for Adult Membership

Surname \_\_\_\_\_ forenames \_\_\_\_\_

Home address \_\_\_\_\_

Postcode \_\_\_\_\_

Home telephone number \_\_\_\_\_ email address \_\_\_\_\_

Date of birth \_\_\_\_\_ (dd/mm/yyyy) National Insurance number \_\_\_\_\_

If you are currently in employment please fill below \_\_\_\_\_

Employer's name and address \_\_\_\_\_

How did you hear about this credit union? \_\_\_\_\_

Are you or have you ever been a member of any other credit union? YES/NO (delete as applicable)

If yes, please give details \_\_\_\_\_

Your credit union always needs volunteers to ensure that it represents the community and gives the best possible service.

If you are willing to volunteer, no matter how little, please tick this box .

### Form of nomination

In the event of my death, I nominate the following as the person(s) to whom there shall be transferred such property in the credit union as may be mine at the time of my death, whether in shares or otherwise.

Nominee's name (or nominees' names) \_\_\_\_\_

Address \_\_\_\_\_

postcode \_\_\_\_\_

Any special instructions \_\_\_\_\_

Witnessed by (please print) \_\_\_\_\_ signature of witness \_\_\_\_\_

*the witness must not be a nominee*

**Declaration:** I hereby apply for membership and agree to abide by the rules of my credit union. I declare that the above information given by me on this form is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ date \_\_\_\_\_

From time to time your credit union may wish to use your contact details for research or marketing purposes. If you would prefer not to be mailed by any organisation other than the credit union please tick this box .

### *For office use only (to be completed by a credit union officer)*

Proposed by \_\_\_\_\_ membership number \_\_\_\_\_

Seconded by \_\_\_\_\_ membership number \_\_\_\_\_

Verified by \_\_\_\_\_ membership number \_\_\_\_\_ Position in CU \_\_\_\_\_

Proof of Identification & Residence	YES	NO	notes
Driving Licence (Full)			
Gas / Electricity / Council Tax Bill (Recent)			
Bank /Building Society Book			
Passport			
Benefits Book			
Other			

Further checks carried out by the credit union to verify identity of the applicant: \_\_\_\_\_

Verified by \_\_\_\_\_ position in CU \_\_\_\_\_

Membership accepted by ROMCUL Board of Directors on \_\_\_\_\_ date \_\_\_\_\_ signature \_\_\_\_\_  
*on behalf of the Board of Directors*