

Yes, I would like to join the

**LLYNFI VALLEY
Credit Union Ltd.**

Member No.

(Mr/Mrs/Ms/Miss/Dr)

.....

Surname

Forenames

Address

.....

.....

Postcode

(please provide proof of ID and current address, ask at CU office for details)

Date of Birth

Tel No. (Work) Tel No. (Home)

National Insurance Number

Employer's Name

Address

..... Postcode

Payroll Number

I hereby apply for membership of the above credit union and agree to abide by the rules of the above credit union. I declare that the information given by me on this form is true and correct to the best of my knowledge and belief. I understand that a non-returnable membership fee of £1.00 will be deducted from my first payment into the Credit Union, to cover administration costs etc.

How did you hear about us?

Signed Date

Please bring two Forms of Identification.

I, (full name)

of (address)

Postcode

a prospective member of the above credit union hereby nominate

(name of beneficiary)

of (address)

Postcode

relationship to prospective member

as the person to whom there shall be transferred at my decease such property in the credit union as may be mine at the time of my decease, whether in shares or Otherwise, should my application for membership be successful.

Signed Date

Witness Date

The witness shall not be the beneficiary

For Office Use Only

I.D. provided

Accepted/Declined for membership on

Membership Number

