

## **FAMILY MEMBERSHIP APPLICATION**

### **APPLICANT MUST RESIDE AT EXISTING MEMBERS ADDRESS**

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(If less than 3 years at current address please give details of previous address)*

\_\_\_\_\_ Post Code: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Tel. Number: \_\_\_\_\_

#### **EMPLOYMENT DETAILS**

Name of Employer: \_\_\_\_\_

Workplace Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Workplace Telephone Number: \_\_\_\_\_

#### **Beneficiary (for Life Insurance Records)**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **PAYMENT DETAILS**

I authorise the deduction from my Bank/Building Society of £ \_\_\_\_\_ (Whole pounds only) per month.

*(Please complete Direct Debit mandate enclosed with this application)*

*I have read, understood and agree to the terms and conditions and privacy policy details as stated and authorise the credit union to make whatever enquiries are deemed necessary to process this application.*

*I have read and understood the UK FSCS information sheet and exclusion list attached.*

The country I pay my income tax in is: \_\_\_\_\_ If not the UK my tax identity number is: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **EXISTING FAMILY MEMBER OF CREDIT UNION** *(to be completed by the sponsoring member)*

Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Declaration: *I confirm that the details provided are correct and that the applicant is eligible to become a family member of 1st Class Credit Union Ltd.*

Signed *(by existing member)*: \_\_\_\_\_ Date: \_\_\_\_\_