

Pendle Community Credit Union

| |
|-------------------|
| Membership Number |
|-------------------|

MEMBERSHIP APPLICATION FORM

Surname Mr, Mrs, Miss, Ms

Forename(s)

Address

.....

Post Code Tel No.

Occupation Date of Birth

N.I. No. Forms of I.D. 1. 2. (Tick when provided)

I hereby apply for membership of and agree to abide by the rules of PENDLE COMMUNITY CREDIT UNION LTD and declare that the information given by me on this form is true and correct to the best of my knowledge.

Current/previous Credit Union Membership(s)

Applicant's signature Date

Proposed by Membership No.

Seconded by Membership No.

Entrance Fee £ Membership Officer (Capitals)

FORM OF NOMINATION The Form of Nomination is for Free Life Insurance (Subject to rules). See www.pccu.co.uk for more details.

I,

Address

.....

A member of the above Credit Union, hereby nominate

Address

.....

Relationship to Member A/C No.

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.

Dated this the day of 20

Any Special Instructions

Members Signature Witness

Witness' Address

..... (the witness cannot be the person nominated)