

Young Saver's application for membership

To be completed in BLOCK CAPITALS and returned to: BULWELL CREDIT UNION LTD, Bulwell Co-op Store 36-48 Main Street Nottingham NG6 8EW or to your relevant collection point

GENERAL DETAILS

Surname: Miss/Master

Forenames:

Home Address:

Postcode:

Telephone Number:

Date of Birth:

If the collection is to take place in a school, please fill in the following details:

Name of School:

Class:

I hereby apply to join the Bulwell Credit Union. I agree to abide by the rules and accept the decisions of the members at General Meetings and Elected Committees. I declare that the information given on this form is true and correct to the best of my knowledge and belief.

Applicant's Signature:

Parent/Guardian's Name:

Parent/Guardian's Signature:

Parent/Guardian's Credit Union Membership No.
(If applicable)

Date:

Note To Parents/Guardians

Young Savers over 7 years old will be allowed to withdraw up to £10.00 cash from their account (subject to their account having sufficient funds) without parental consent. For amounts over £10.00, an authorisation letter will be made out to the parent/guardian and exchanged for cash at the Yorkshire Bank. If you do not wish your child to make such cash withdrawals, please sign below

I do not wish my child to make any cash withdrawals without my consent. Signature of Parent/Guardian:

For Office Use Only

Passbook issued:

Saver's Number:

Accepted on behalf of the Membership Secretary by:

Position:

Date: