

**APPLICATION FOR MEMBERSHIP OF THE
ST LUCIA CIVIL SERVICE CO-OPERATIVE CREDIT UNION LTD**

ACCOUNT NO

DATE

1. I wish to apply for membership of the ST LUCIA CIVIL SERVICE CO-OPERATIVE CREDIT UNION LTD.
PRINT
I agree unreservedly to conform to the Co-operative Society's Ordinance, the regulations and to the By-Laws of the Credit Union and any amendment to the foregoing.

USUAL SIGNATURE.....

<p>2. PROPOSED BY</p> <p>NAME (PRINT)</p> <p>MEMBER'S ACCOUNT NO..... RELATIONSHIP TO APPLICANT*(See below)</p> <p>PARENT [1] SPOUSE [2]</p> <p>UNCLE / AUNT [5] NIECE / NEPHEW [6]</p>	<p>SECONDED BY</p> <p>NAME (PRINT)</p> <p>MEMBER'S ACCOUNT NO..... RELATIONSHIP TO APPLICANT*(See below)</p> <p>SIBLING [3] SON / DAUGHTER [4]</p> <p>FRIEND [7] COLLEAGUE [8]</p>
<p>*I understand that any false information will nullify the nominee's membership immediately.</p>	
<p>SIGNATURE OF PROPOSER.....</p>	<p>SIGNATURE OF SECONDER.....</p>

3. DETAILS OF APPLICANT (PLEASE PRINT)

SURNAME..... FIRST/SECOND NAMES

ID NO. NIS NO. DATE OF BIRTH

HOME TEL. NO. OFFICE TEL. NO..... MALE FEMALE

PLACE OF RESIDENCE MAILING ADDRESS

OCCUPATION..... EMAIL ADDRESS

MARITAL STATUS: SINGLE MARRIED WIDOWED
 SEPARATED DIVORCED COMMOM LAW

EDUCATION: PRIMARY SECONDARY TERTIARY OTHER

AVERAGE MONTHLY INCOME: Less than \$1000 \$1000-\$1500 \$1501- \$3000 \$3001- \$4500 \$4501-\$6000 \$6001-\$7500 \$7501 and Over

HOW DID YOU GET TO KNOW ABOUT THE CREDIT UNION

4. EMPLOYMENT

(A) PRESENT EMPLOYER

COMPANY/ EMPLOYER NAME WORK ADDRESS

POSITION NOW HELD..... SECTION / DEPARTMENT / UNIT.....

WORK TEL. NO. FAX NO.....

DATE OF FIRST EMPLOYMENT..... DATE OF EMPLOYMENT IN PRESENT POST

EMPLOYMENT STATUS: PERMANENT TEMPORARY CONTRACT OTHER

(B) LAST EMPLOYER

NAME TEL.NO.....

ADDRESS NO. OF YEARS WITH LAST EMPLOYER

5. RELATIVES/SPOUSE

(A) NAME OF SPOUSE RESIDENCE.....
 MAILING ADDRESS
 TEL NO.....

(B) NAME OF NEXT OF KIN (NOT SPOUSE) RESIDENCE OF NEXT OF KIN
 MAILING ADDRESS
 TEL NO.....

(C) NAME OF CLOSE RELATIVE RESIDENCE OF CLOSE RELATIVE.....
 MAILING ADDRESS
 TEL NO.....

6. ARE YOU A MEMBER OF ANY OTHER CO-OPERATIVE? YES NO
 IF "YES" STATE WHICH ONE (S) Account No.

7. IS THIS YOUR FIRST MEMBERSHIP APPLICATION TO A CREDIT UNION? YES NO
 IF NO STATE NAME OF CREDIT UNION(S) TO WHICH YOU HAVE APPLIED FOR
 MEMBERSHIP.....

8. HAVE YOU ATTENDED MEMBER EDUCATION TRAINING? YES NO
 IF "YES" PLEASE LIST WORKSHOPS ATTENDED

APPOINTMENT OF NOMINEE

In accordance with section 100 of the Co-operative Societies Act No. 28 of 1999 made thereunder, and the Bylaws of the above-mentioned Society, I hereby nominate the following person (or persons) to whom or to whose credit the share or interest or the value of such share or interest held by me in the ST LUCIA CIVIL SERVICE COOPERATIVE CREDIT UNION LTD or its Successor in Title shall in the event of my death be paid or transferred (in the proportions respectively shown under).

NAMES	RELATIONSHIP	PROPORTION TO BE PAID

SIGNATURE OF APPLICANT DATE.....
 ATTESTING WITNESS: DATE.....
 ATTESTING WITNESS: DATE.....



FOR OFFICIAL USE ONLY

ENTRANCE FEE PAID DATE PAYMENT MADE
 SHARE (S) PAID TELLER'S SIGNATURE AND NUMBER
 DATE

BOARD DECISION:

APPROVED **DATE**.....
NOT APPROVED **DATE**
DEFERRED **DATE**.....

.....
 MANAGER/SECRETARY