

**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 (1)</p> <p>NAME (PRINT)</p> <p>MEMBER'S ACCOUNT NO.....</p> <p>RELATIONSHIP TO APPLICANT*(See below)</p> <p>PARENT [1] SIBLING [3] UNCLE / AUNT [5]</p> <p>SPOUSE [2] SON / DAUGHTER [4] NIECE / NEPHEW [6]</p> <p align="center"><i>*I understand that any false information will nullify the nominee's membership immediately.</i></p> <p>SIGNATURE OF PROPOSER.....</p>	<p>SECONDED BY (2)</p> <p>NAME (PRINT)</p> <p>MEMBER'S ACCOUNT NO.....</p> <p>RELATIONSHIP TO APPLICANT*(See below)</p> <p>FRIEND [7 o]</p> <p>COLLEAGUE [8 o]</p> <p>SIGNATURE OF SECONDER.....</p>
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[o] NOTE: Only individuals eligible to join through their work place may be proposed by 7&8

3. DETAILS OF APPLICANT (PLEASE PRINT)

SURNAME.....	FIRST/SECOND NAMES
ID NO. NIS NO.	DATE OF BIRTH Mobile Phone No.
DRIVERS LICENSE (COUNTRY & NUMBER).....	HOME TEL. NO..... WORK TEL. NO.....
PASSPORT (COUNTRY & NUMBER).....	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
PLACE OF RESIDENCE	MAILING ADDRESS
OCCUPATION.....	E-MAIL ADDRESS
MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/>	SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> COMMOM LAW <input type="checkbox"/>
EDUCATION: PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> TERTIARY <input type="checkbox"/> OTHER <input type="checkbox"/>	
AVERAGE MONTHLY INCOME: <input type="checkbox"/> Less than \$1000 <input type="checkbox"/> \$1000-\$1500 <input type="checkbox"/> \$1501- \$3000 <input type="checkbox"/> \$3001- \$4500 <input type="checkbox"/> \$4501-\$6000 <input type="checkbox"/> \$6001-\$7500 <input type="checkbox"/> \$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 <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONTRACT <input type="checkbox"/> OTHER <input type="checkbox"/>	

(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 ABROAD 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	ADDRESS

SIGNATURE OF APPLICANT DATE.....
 SIGNATURE OF PROPOSING WITNESS: (PROPOSER) DATE.....
 SIGNATURE OF SECONDING WITNESS: (SECONDER) DATE.....

FOR OFFICIAL USE ONLY

ENTRANCE FEE PAID DATE PAYMENT MADE
 CREDIT DEPOSIT ACCOUNT: RECEIPT NO:.....
 TOTAL SHARE (s) PAID TELLER'S SIGNATURE AND NUMBER
 Permanent:.....
 Regular

BOARD DECISION: APPROVED DATE.....
 NOT APPROVED DATE
 DEFFERED DATE.....

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 MANAGER/SECRETARY