



**APPLICATION FOR MEMBERSHIP**

(To be completed in BLOCK CAPITALS)

Membership Number  
\_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Surname \_\_\_\_\_

Forename(s) \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Other current or previous Credit Union memberships \_\_\_\_\_

I hereby apply for membership and agree to abide by the rules of Hatfield Credit Union Limited and declare that the information given by me is true and correct to the best of my knowledge.

*We are legally obliged to keep your details and identification on file in order to open your account, and for this we need your consent. We undertake not to pass on your details to any third party.*

I give my consent for the recording of personal information to Hatfield Credit Union Limited.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Proposed by \_\_\_\_\_ Membership number \_\_\_\_\_

Seconded by \_\_\_\_\_ Membership number \_\_\_\_\_

Entrance fee £ \_\_\_\_\_

**P.T.O.**

*Office Use Only*

Address

Date of birth

Signature

# hatfield credit union ltd.

## FORM OF NOMINATION

(In case of death)

Membership Number

I, \_\_\_\_\_, of (*address*) \_\_\_\_\_,  
\_\_\_\_\_ ,

a member of Hatfield Credit Union,

hereby nominate \_\_\_\_\_ ,

of (*address*) \_\_\_\_\_  
\_\_\_\_\_

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.

(*Any special instructions*) \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness (*who shall not be the person nominated*) \_\_\_\_\_

of (*address*) \_\_\_\_\_  
\_\_\_\_\_