

Application for Adult Membership

Account No

To be completed in BLOCK CAPITALS and returned to:
COMMUNISAVE, Stirchley Community Centre, 1326 Pershore Road, Stirchley, Birmingham, B30 2XS

1. GENERAL DETAILS

Surname: Mr/Mrs/Ms/Miss

Forenames

Home Address:

Postcode:

Home/Contact Tel: Date of Birth:

National Insurance Number:

Employer's Name & Address

Are you or have you been a member of any other Credit Union? YES/NO If Yes, please give details

How and where did you hear about this Credit Union?

2. FORM OF NOMINATION

In the event of my death, I nominate the following as the person(s) to whom there shall be transferred such property in CommuniSave as may be mine at the time of my death, whether in shares or otherwise.

Nominee(s) (Name(s): Mr/Mrs/Ms/Miss

Address:

Witnessed by (Please Print)

Signature of Witness:

(The Witness shall not be the nominee(s))

3. DECLARATION

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

Signature: Date:

Continued Overleaf →