

# Collection Points

The Cotteridge Church  
Persore Road  
Cotteridge

**TUESDAY**  
**11.00AM – 12.30PM**

COMMUNITY SAFETY OFFICE  
33 Dartmouth Road,  
Selly Oak, B29 6DR

**TUESDAY**  
**5.30PM – 7.00PM**

STIRCHLEY COMMUNITY CENTRE  
1326 Persore Road,  
Stirchley, B30 2XS

**WEDNESDAY**  
**7.00PM – 8.30PM**  
**FRIDAY**  
**12.30PM – 2PM**



## JUNIOR MEMBERSHIP APPLICATION FORM

### FOR OFFICIAL USE ONLY

Junior Member's birth certificate produced

*Please Note – proof of age should be produced for members over 7*

Checked by.....(Cashier)

STATEMENT TO BE Collected  Posted

### FOR COMPLETION BY MEMBERSHIP SECRETARY

Membership approved on behalf of the Board of Directors

Signed ..... Date .....

### Registered Office:

South Central Birmingham Credit Union Ltd  
Stirchley Community Centre  
1326 Persore Road  
Stirchley  
Birmingham  
B30 2XS

Tel/Fax: 0121 464 5751  
Email: [admin@scbcu.co.uk](mailto:admin@scbcu.co.uk)

MEMBERSHIP  
NO

**J**

FULL NAME ..... MALE/  
FEMALE

ADDRESS .....

.....POST CODE .....

DATE of BIRTH .....AGE ON JOINING.....

SCHOOL ATTENDED.....

I WOULD LIKE TO BE A JUNIOR MEMBER OF SCBCU LTD.

SIGNED.....DATE.....

FULL NAME.....

RELATIONSHIP TO JUNIOR MEMBER.....

ADDRESS.....

.....TEL NO .....

I am the parent/guardian/adult relative of the above junior member. I would like to propose him her as a Junior Saver of SCBCU, and I agree to abide by their rules. I declare, to the best of my knowledge, that the information given by me on this form is correct.

SIGNED.....DATE.....

PRINT NAME.....

PARENT / GUARDIAN / ADULT RELATIVE

Have you applied for or are you currently a member of SCBCU?

NO  YES  MEM. NO. ....

*\* Delete where applicable*

**Savings Deposited by Junior Member**

I do / do not\* give permission for .....

to deposit savings into his / her\* junior account, up to a maximum of

£.....in any one week / month\*.

Signed.....

Parent / Guardian / Adult Relative\*

**Withdrawal of Savings by Junior Member**

I do / do not\* give permission for.....

to withdraw savings from his / her\* junior account, up to a

maximum of £..... in any one week / month\*. *Any*

*withdrawals above this amount must be authorised by me.*

Signed.....

Parent / Guardian / Adult Relative\*

**Additional Signatory**

The following adult signatory is authorised to withdraw funds from the junior account:

Full Name.....

Relationship to junior member.....

Address.....

.....Tel. No.....

Signature.....