Membership Application

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 🞏 NEW | 🞏 UPDATE | Member # |
| **Important Information About Account Opening Procedures** |
| To comply with regulatory standards, we obtain, verify, and record information that identifies each person when opening a new account. **What this means for you: When you open an account, we will ask for your name, address, date of birth, country ID or passport. We will also take your photograph for our records.** |

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| **Member/Owner Information** |
| 🞏 Update |
| Name as listed on ID Card:  | ID Number: |
| Mailing Address:  | ID Type: | Place of Issue: |
| City/State/Zip  | Gender: |
| Primary Phone:  | Date of Birth: | Place of Birth: |
| Secondary Phone:  |  |  |
| Employer:  | Occupation/Title: |
| **Other Particulars:** |
| Member has been recruited by: |
| Name | Member Number | Date |

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| **Agreement** |
| By signing or otherwise authenticating, I/we agree to the bylaws of (credit co-operative) and to any amendments which are incorporated herein. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document and the Membership and Account Agreement applies to all of the accounts listed unless the (credit co-operative) is notified in writing of a change. ***I commit to remit my share contribution (insert minimum) per month or more, on or before the 10th day of every month***. |

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| Signature of Member/Owner Date |
| For official Use: |  |  |
| Date of admission: | Approved by management committee meeting minutes no \_\_\_\_\_\_\_\_\_\_\_\_ on date \_\_\_\_\_\_\_\_\_\_\_\_ |
| Entrance Fee paid on: | First Share paid on:  |
| Membership Number Assigned | Secretary Signature:  |

Right of survivorship information

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| In the event of my death, proceeds from the member shares are to be distributed equally to the following individuals:  |  |
| Next of Kin: | ID Number: |
| Postal Address:  | ID Type: |
| Postal Address, continued:  | Phone Number: |
|  |
| Next of Kin: | ID Number: |
| Postal Address:  | ID Type: |
| Postal Address, continued:  | Phone Number: |