YOUR ORGANIZATION NAME

Minor Membership Application & Admission

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

|  |  |  |
| --- | --- | --- |
| 🞏 NEW | 🞏 UPDATE | Member # |
| **Important Information About Account Opening Procedures** | | |
| To comply with “Know Your Customer” 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, County ID or passport. We will also take your photograph for our records.** | | |

|  |  |  |
| --- | --- | --- |
| **Member/Owner Information** | | |
| 🞏 Update | | |
| Minor Child’s Name: |  | |
| Guardian Name as listed on ID Card: | ID Number: | |
| Guardian Mailing Address: | ID Type: | |
| City/State/Zip: | Serial Number: | |
| Physical Address: | Date of Birth: | Gender: |
| City/State/Zip | District of Birth: | Place of Issue: |
| Primary Phone: | Place of Issue | |
| Secondary Phone: | E-Mail Address: | |
| Employer: | Occupation/Title: | |

|  |  |  |
| --- | --- | --- |
| **Other Particulars:** | | |
| Member has been recruited by: | | |
| Name | Member Number | Date |

|  |
| --- |
| **Agreement** |
| By signing or otherwise authenticating, I/we agree to the Bylaws of YOUR ORGANIZATION and to any amendment the Organization from time to time that are incorporated herein. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the Organization is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above. |

|  |  |  |  |
| --- | --- | --- | --- |
| 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 in |
| Membership Number Assigned | | | Secretary Signature: |

YOUR ORGANIZATION NAME

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|  |  |
| --- | --- |
| **Payable on Death Instruction** | |
| Date: | Signature: |
|  |  |
| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |
|  | |
| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |
|  | |
| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |
|  | |
| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |
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| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |
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| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |
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| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |
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| Next of Kin: | ID Number: |
| Postal Address: | ID Type: |
| Postal Address, continued: | Cell Number: |