**NEWCU APPLICATION FORM** **Membership No. ……………………………**

*New Members please fill in sections 1-3 and sign each section as indicated. Your membership is provisional until approved by the Board of Directors. If the Board should refuse your application, you will be notified and any money deposited will be returned.*

***\*\*\*\*PLEASE MAKE SURE YOU FILL IN BOTH SIDES OF THE FORM AS APPROPRIATE AND SIGN ALL RELEVANT PLACES\*\*\*\****

**Section 1 Member Personal Details**

Title …………. Surname …………………………………………………………………………… Date of Birth …………./…………/………………..

First Name …………………………………………………………………. Middle Name ………………………………………………………………

Address ………………………………………………………………………

Area ………………………………………………………………………….. NI Number ……………………………………………..

Town …………………………………………………………………………

County ……………………………………………………………………… Tel Number …………………………………………….

Post Code ……………………….. Email ………………………………………………………………………………………..

Applicant Signature ……………………………………………………… Date ……....../…………./………………….

Proposed by ………………………………………………………………… Seconded by…………………………………………………………………

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**Section 2 Beneficiaries Details**

**Note: if you wish to divide your shares equally between more than one person, please fill in a separate form for each.**

*I, being a member of the North East Warrington Credit Union Ltd., nominate the following person as my beneficiary to receive any money due to me under the Life Insurance terms (if applicable) providing that I have fulfilled any outstanding loan to my agreement. I reserve the right to change the beneficiary named here.*

**Beneficiary Contact Details**

Title …………. Surname ……………………………………………………………………………

First Name …………………………………………………………………. Middle Name ………………………………………………………………..

Address ………………………………………………………………………

Area …………………………………………………………………………..

Town …………………………………………………………………………

County ……………………………………………………………………… Post Code ………………….. Tel No ………………………………………………….

Mobile ……………………………………………………………………… Email …………………………………………………………………………………………..

Applicant Signature ……………………………………………………….. Applicant (print name) ……………………………………………………………………

Witness Signature …………………………………………………………. Witness (print name) ………………………………………………………………………

**Have you nominated more than one Beneficiary? Yes 🞏 No 🞏 If yes, please fill in a separate form for each person**

***\*\*\*\*NOW CONTINUE ON THE OTHER SIDE OF THIS FORM\*\*\*\****

**NEWCU Application Form (continued)**

**Section 3 Employment Details**

Are you employed? Yes 🞏 No 🞏

If yes, what is your job title? ………………………………………………………………………………………………………………

Employer Name …………………………………………………………………………………………………………………………………

Employer Address ……………………………………………………………………………………………………………………………… Tel No …………………………..

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**Section 4 To be completed by the collector or person receiving the application**

Account opened at …………………………………………………………………………………………… Opening amount £………………………………………

Collection Point where member will collect their book ……………………………………………………………………………………………

***All applications for full membership require proof of identity and proof of address***

**Proof of identity (tick one seen); MUST BE COPIED & NUMBERS WRITTEN DOWN**

🞏 Passport 🞏 Driving License 🞏 Letter from Doctor, Solicitor, Minister, Teacher

🞏 Other – please give details ……………………………………………………………………………………………………………………………………………………..

**Proof of Address (tick one seen) *Bills and Statements must be less than 3 months old:* MUST BE COPIED**

🞏 Rent Book 🞏 Utility Bill 🞏 Bank / Building Society Statement 🞏 Driving license (if not used for above) 🞏 Council Tax Bill

🞏 Other – please give details ……………………………………………………………………………………………………………………………………………………..

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***To be completed by Head Office***

Application Approved? Yes 🞏 No 🞏 Membership No ……………………………………………… Date ………../………../……………….

Signed by Chairperson on behalf of the Board of Directors ……………………………………………………………………………………………………………

PASSBOOK ISSUED 🞏

Date Passbook issued ………../………./……………….

Issued by (signature) ……………………………………………………………… (print name) ……………………………………………………………………………..

PASSBOOK CLOSED 🞏

Date Account closed ………../………./……………….

Closed by (signature) ……………………………………………………………… (print name) ……………………………………………………………………………..