

LLANDUDNO & DISTRICT CREDIT UNION LTD

APPLICATION FOR JUNIOR MEMBERSHIP

MEMBERSHIP No _____

PLEASE COMPLETE ALL DETAILS USING BLOCK CAPITALS

Surname _____ Forename(s) _____

Address _____ Postcode _____

Tel. No. _____ Date Of Birth _____ School _____

I hereby apply for membership, & agree to abide by the rules, of the above Credit Union & declare that all the information given by me on this form is true & correct to the best of my knowledge.

Applicant's Signature _____ **X** Date _____ Entrance Fee £0-00

PARENT'S/GUARDIAN'S DETAILS

Surname _____ Forename(s) _____

Address _____ Postcode _____

Tel. No. _____ Relationship to child _____ C U Mem. No. _____

Withdrawal Signature Guardian/Parent only Junior only Both Either

Parent/Guardian's signature _____ **X** Date _____

Credit Union Officer _____ Position _____ Date _____