

## MEMBERSHIP APPLICATION FORM

### GRENADA UNION OF TEACHERS CO-OPERATIVE CREDIT UNION LIMITED

Date:	Account No.	Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>
First Name:	Middle Name:	Last Name:		
Date of birth:	Phone:	Mobile:		
Current address:				
City:	Country:	Email:		
National ID#	N.I.S#	Drivers Permit#		
Passport#	Other:			

#### EMPLOYMENT INFORMATION

Current employer:				
Employer address:			Length of Employment:	
Phone:	E-mail:	Fax:		
City:	Country:	Job Title:		
<b>MONTHLY INCOME:</b> <input type="checkbox"/> \$1-\$1200 <input type="checkbox"/> \$1201-\$2500 <input type="checkbox"/> \$2501-\$4000 <input type="checkbox"/> \$4001-\$6000 <input type="checkbox"/> OVER\$6000				

#### INFORMATION IF JOINT MEMBERSHIP

First Name:	Middle Name:	Last Name:
Date of birth:	Phone:	Mobile:
Current address:		
National ID#	N.I.S#	Drivers Permit#
Passport#	Other:	Email:
Relationship:	Withdrawal: <b>Both Parties:</b> <input type="checkbox"/> <b>Single:</b> <input type="checkbox"/>	

#### FINANCIAL INFORMATION

Please find the sum of :	\$	Being Payment for:
Shares	\$	
Regular Savings	\$	
Special Savings	\$	
Fixed Deposit	\$	
Solid Gold	\$	
Entrance & Passbook Fee	\$	(Entrance fee \$1.00 Pass Book \$2.00)

#### SIGNATURES

I hereby apply for membership in the **GRENADA UNION OF TEACHERS CO-OPERATIVE CREDIT UNION LIMITED** and agree to confirm to the rules and amendments thereof and purchase at least **Twenty (20) Shares** within **Six Months** of being accepted as a member.

Signature of applicant:	Date:
Signature of applicant: <i>(only if for a joint membership):</i>	Date:

#### RECOMMENDED BY:

**HOW DID YOU HEAR ABOUT US?**  RADIO ADS  TV ADS  OTHER

#### FOR OFFICIAL USE

This application was approved and entered in the Minutes Book at a meeting of the Board of Directors held this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

President \_\_\_\_\_ Secretary \_\_\_\_\_

# NORMINATION FORM

## GRENADA UNION OF TEACHERS CO-OPERATIVE CREDIT UNION LIMITED NOMINATION FORM

I..... Account No.....

Address:.....

Occupation:.....

As a member of the above named Credit Union, I hereby nominate the following as the only person/persons (none of them being an officer or servant of the Credit Union, unless such person is the husband, wife, father, mother, child, nephew, or niece of me the nominator) among whom shall be transferred my property in the Credit Union whether in Shares, Loans, deposit, or otherwise at my decease, in such proportions as is set forth below opposite their respective names:

NAME	RELATIIONSHIP	ADDRESS	PHONE	PROPOTION (%)

(Where the nomination is not intended to comprise the whole of the members' property in the Credit Union, the amount should be specified.)

***Any previous nominations made by me are hereby cancelled.***

AS WITNESS TO MY HAND THIS..... DAY OF.....20.....

SIGNATURE OF THE NORMINATOR:.....

SIGNATURE OF WITNESS:..... ADDRESS.....

SIGNATURE OF WITNESS:..... ADDRESS.....

I DECLARE THAT THE PRESENT NOMINATION WAS DEPOSITED WITH THE CREDIT UNION ON

THIS..... DAY OF .....20.....

SIGNATURE OF SECRETARY:.....

