



Individual's Membership Application Form

Date:

Membership confers rights and obligations under the Credit Union's Constitution, a copy of which you can obtain on request

➤ Your details

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other	<input type="text"/>
First Name	<input type="text"/>				Middle name	<input type="text"/>				
Surname	<input type="text"/>				Date of Birth	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
My residential address (mandatory)										
Unit / Street No	<input type="text"/>				Street Name	<input type="text"/>				
Suburb / Town	<input type="text"/>				State	<input type="text"/>	Postcode	<input type="text"/>		
Mailing address if different from residential address above										
<input type="text"/>										
Email address: <input type="text"/>										
Home	<input type="text"/>				Mobile	<input type="text"/>		Work	<input type="text"/>	
Tax File Number - please use this TFN for all my accounts with you <input type="text"/>										

➤ Consent for Electronic Delivery of Statements & Notices

Please use my email address:

- to send me statements and notices for all my banking and loan accounts; or
- to tell me that they are available to view or download from your Internet Banking site.

I understand that:

- you will stop posting me paper statements and notices
- I need to check my emails regularly
- I can revert to receiving paper statements and notices in the post at any time

➤ Signature

<input type="text"/>	Date	<input type="text"/>
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➤ Selecting Your Accounts and Access Facilities

Choice of Account Types		
<input type="checkbox"/> [name of account]	<input type="checkbox"/> [name of account]	<input type="checkbox"/> [name of account]
<input type="checkbox"/> [name of account]	<input type="checkbox"/> [name of account]	<input type="checkbox"/> [name of account]
<input type="checkbox"/> [name of account]	<input type="checkbox"/> [name of account]	<input type="checkbox"/> [name of account]
Choice of Access Facilities		
<input type="checkbox"/> Redicard/VISA card	<input type="checkbox"/> Cheque Book	<input type="checkbox"/> Bpay
<input type="checkbox"/> Internet / Phone Banking		

Office Use Only:

Membership Number:	Shares: Full Junior
Date of Admission to Membership:	

Verification of Identity Details:

Customer Identification Procedure – Individual carried out and document(s) produced were:	
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Confirmation:

Access Facilities Action List:

	Redicard ordered
	VISA card ordered
	Cheque Book ordered
	Internet Banking / Phone banking activated

..... Staff Member's Signature Operator No
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