

ADULT MEMBERSHIP APPLICATION

Live / Work

Member Number: _____

All applicants must live or work in the area covered by First Choice Credit Union's common bond.
 If you are in any doubt about your eligibility or have difficulty completing this form please ask for assistance.
 (please fill in block capitals)

Personal Information

Title:	Surname:	Forename(s):								
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth (e.g. 20/04/2012)								
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; text-align: center;">D</td> <td style="width: 12.5%; text-align: center;">D</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">M</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> <td style="width: 12.5%; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
Address:										
Postcode:		Time at current address:								

Previous Address(s): (If less than 3 years at current address)		
(1)	Postcode:	Time at this address:
(2)	Postcode:	Time at this address:

Home Phone:	Mobile:	Email:								
National Insurance Number:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>									

Have you previously been a member of this Credit Union or another Credit Union? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Credit Union:	Membership Number:

Employment Details

Employed <input type="checkbox"/>	Self employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Retired <input type="checkbox"/>	Other: <input type="checkbox"/>
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Nomination of Beneficiary

I hereby nominate the person named below, to whom shall be transferred such property in First Choice Credit Union Ltd as may be mine at the time of my decease, whether in shares or otherwise.	
Nominee's Name:	
Address:	
	Postcode:
Telephone:	Relationship:

Declaration

I hereby apply for membership of and agree to abide by the rules of First Choice Credit Union Ltd and declare that the information given by me on this form is correct to the best of my knowledge.	
Applicant's Signature:	Date:
Cashier/Membership Secretary:	Date:

Please note that First Choice Credit Union Ltd retains member's personal information under the General Data Protection Regulation

First Choice Credit Union Ltd is Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority and all credit union deposits are cover by the Financial Services Compensation Scheme

Your Preferences

Share Withdrawal Via Telephone Authorisation

I (PRINT FULL NAME)

First Choice Credit Union account hereby authorise telephone share withdrawals to be made to:

BANK NAME.....

SORT CODE.....

ACCOUNT NUMBER.....

PASSWORD TO BE QUOTED FOR ALL TRANSACTIONS :.....

PASSWORD HINT:.....

PLEASE NOTE: You will also be asked to confirm your postcode and Date of Birth when requesting these transactions.

Any changes to your to bank details must be notified in writing directly to this office

Marketing and Online Communications

I would like to opt in to receive communications from First Choice Credit Union in the below ways:

- Mobile Banking App / Online Banking
- Email
- Text Message
- Post

Signed ;

Date
