



Wesleyan Holiness Co-operative Credit Union Ltd.
'Not for profit but for people'

ACCOUNT # _____

MEMBERSHIP APPLICATION FORM

Do you have membership in another Credit Union in Barbados?

NO YES. If yes, kindly state the Credit Union's name: _____

PERSONAL INFORMATION

((Valid Picture Identification Required, e.g., National ID, Passport, Driver's License))

GENDER: <input type="radio"/> MALE <input type="radio"/> FEMALE		MARITAL STATUS: <input type="radio"/> SINGLE <input type="radio"/> MARRIED <input type="radio"/> DIVORCED <input type="radio"/> WIDOWED		DATE OF BIRTH:	AGE:
FIRST NAME :		MIDDLE NAME :		SURNAME :	
NATIONAL REGISTRATION NO:		PASSPORT NO.:		BARBADOS DRIVER'S LICENCE NO.:	
DATE OF BIRTH :		COUNTRY OF BIRTH :		NATIONALITY:	

Present Verification of Your Home Address

e.g. Utility Bill, Bank Statement, etc.

FULL HOME ADDRESS: (Include house or Apt. number, street or avenue, area and parish).

TELEPHONE: (H)	TELEPHONE: (W)	TELEPHONE: (C)
EMAIL ADDRESS:	TIME AT CURRENT ADDRESS: (YRS) (MTHS)	NUMBER OF DEPENDANTS:

NAME OF BENEFICIARY: _____

ADDRESS OF BENEFICIARY: _____

TELEPHONE: (H)	TELEPHONE: (W)	TELEPHONE: (C)
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EMPLOYMENT INFORMATION

EMPLOYMENT STATUS: ON STAFF TEMPORARY SELF-EMPLOYED
 RETIRED STUDENT UN-EMPLOYED

NAME OF EMPLOYER / BUSINESS / SCHOOL:

ADDRESS OF EMPLOYER / BUSINESS / SCHOOL:

OCCUPATION:

DECLARATION

I declare that the information I have provided on my application is true and accurate. I agree to abide by the By-Laws and policies of this Credit Union.

SIGNATURE OF PARENT/GUARDIAN

DATE:

PROPOSED BY: (Full name)

SIGNATURE:

DATE:

ACCOUNT #

PROPOSED BY: (Full name)

SIGNATURE:

DATE:

ACCOUNT #

SUBMIT FORM

FOR OFFICIAL USE ONLY

MEMBERSHIP APPROVED BY:

SIGNATURE:

DATE:

NAME & TITLE OF AUTHORISING OFFICER

SIGNATURE:

DATE:

NAME & TITLE OF AUTHORISING OFFICER

SIGNATURE:

DATE: