

**DUMBARTON CREDIT UNION
JUNIOR MEMBERSHIP
APPLICATION FORM**

MEMBER NO

FULL NAME

ADDRESS

.....

POST CODE

TELEPHONE NO

DATE OF BIRTH

IDENTIFICATION PROVIDED

.....

I hereby apply for membership and agree to abide by the rules of Dumbarton Credit Union Ltd. I agree this account will convert to an adult account on reaching age 18.

Applicant's Signature.....

Date.....

Parent/Guardian responsible for share withdrawal (if applicable)
Dumbarton CU Membership Number (if applicable)

FULL NAME.....

ADDRESS.....

.....

.....

RELATIONSHIP TO JUNIOR.....

SIGNATURE.....

DATE.....

CORRESPONDENCE ADDRESS: GUARDIAN / JUNIOR

PLEASE COMPLETE OVERLEAF:-

DUMBARTON CREDIT UNION
JUNIOR MEMBERSHIP
APPLICATION FORM

PLEASE DELETE AS APPROPRIATE:-

IN THE EVENT OF MY DEATH:-

THE ACCOUNT WILL REMAIN IN THE JUVENILE'S NAME AND NO WITHDRAWALS
WILL BE ALLOWED UNTIL THEY ATTAIN THE AGE OF EIGHTEEN **OR/**

I NOMINATE THE ADULT RESPONSIBLE FOR OPERATING THE ACCOUNT AS:-

NAME:

ADDRESS:

ADDRESS:

ADDRESS: