



MEMBERSHIP APPLICATION FORM

National Workers Co-operative Credit Union Limited

I, hereby apply for membership in the name of National Workers Co-operative Credit Union Limited.

Mr./Mrs./Ms. _____

(Name in Block Letters)

_____ Address _____

Home Phone _____ Work Phone _____ Cell _____

P.O. Box _____ Email: _____

Marital Status: _____

Single

Married

Common Law
Marriage

Divorced

Widowed

I am an employee of _____

Department _____

Work Phone _____ Ext. _____

Which forms the "common bond" for membership in the said Credit Union. I hereby agree to abide by the Bye-Laws now in force or any which may be made hereafter.

N.I.B. # _____

Employee# _____

Occupation _____

Date of Birth _____

Date of Application _____

SIGNATURE OF APPLICANT

Name and Address of nearest Relative (not living with you)

Name _____ Relationship _____

(Name in Block Letters)

Address _____

P.O. Box _____ Home Phone _____ Work Phone _____

Name and Address of nearest Relative (not living with you)

Name _____ Relationship _____

Address _____

P.O. Box _____ Home Phone _____ Work Phone _____

Recommended by _____



BENEFICIARY

In the event of sickness or death, I hereby authorize

Mr./Mrs./Ms. _____

(Name in Block Letters)

(Address)

Relationship _____ Home Phone _____

Work Phone _____ Ext. _____

To receive any money owing to me in the Society.

Date _____

Witness: _____

SIGNATURE OF APPLICANT

Have you ever been a member of a Credit Union? If so give name(s) of Credit Union.

I, _____ do hereby Authorize

the National Workers Co-operative Credit Union Limited to distribute funds

remitted on my behalf by _____

weekly / bi-weekly/ monthly-as follows: (employer)

Regular Savings	\$ _____
Mortgage	\$ _____
Union Health Insurance	\$ _____
Standing Order	\$ _____
Deposit Savings	\$ _____
Christmas Savings	\$ _____
Educational Savings	\$ _____
House Plan Savings	\$ _____
Vacation Club Savings	\$ _____
Back to School Savings	\$ _____
Retirement Savings	\$ _____
Certificate of Deposit	\$ _____
Credit Card	\$ _____
ATM/Debit	\$ _____
Total Per Week	\$ _____

SIGNATURE OF APPLICANT



National Workers Co-operative Credit Union Limited

VOLUNTARY CHECK-OFF AUTHORIZATION

I, _____ do hereby authorize

Name

my Employer, _____

On receipt of this authorization, to please deduct from my pay weekly/bi-weekly/monthly/ the sum of \$ _____ and to remit same each month, as set out in the existing Contractual Agreement, to the National Workers Co-operative Credit Union Limited, P.O. Box N-100, Nassau, Bahamas: P.O. Box F-41049 Freeport, Grand Bahama. **The above may not be revoked unless notice of such revocation is given to you in writing by THE NATIONAL WORKERS CO-OPERATIVE CREDIT UNION LIMITED and myself jointly.**

Date _____

Department Employed _____

Work Phone _____ Ext. _____

N.I.B.# _____

Employee# _____

Member Signature



National Workers Co-Operative Credit Union Limited

VOLUNTARY CHECK-OFF AUTHORIZATION

I, _____ do hereby authorize

Name

my Employer, _____

On receipt of this authorization, to please deduct from my pay weekly/bi-weekly/monthly/ the sum of \$ _____ and to remit same each month, as set out in the existing Contractual Agreement, to the National Workers Co-operative Credit Union Limited, P.O. Box N-100, Nassau, Bahamas: P.O. Box F-41049 Freeport, Grand Bahama. **The above may not be revoked unless notice of such revocation is given to you in writing by THE NATIONAL WORKERS CO-OPERATIVE CREDIT UNION LIMITED and myself jointly.**

Date _____

Department Employed _____

Work Phone _____ Ext. _____

N.I.B.# _____

Employee# _____

Member Signature