

Maynooth Credit Union



# Application for Membership

Maynooth Credit Union  
Main Street  
Maynooth, Co Kildare  
Tel: 01 - 628 6741  
Fax: 01 - 629 1399

Please fill in all your details, and post or deliver this form to the address above

Name:        Membership Number:

Address:

Telephone:        Date of Birth:  /  /   
        Day Month Year

If less than five years at the above address, please state the immediate prior address:

I hereby apply for membership of and agree to abide by the rules of the above credit union, and declare that I am not or have not been a member of any credit union other than those listed as follows:

Credit Union Limited  
       Credit Union Limited

The information given by me on this form is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given by me in connection with my application for my membership with the credit union may result in termination of my membership, apart from any other legal sanctions that may apply.

Applicant's Signature:        Date of Birth:  /  /   
        Day Month Year

In the event that the application for membership is in respect of a person who is unable to give receipts:

I/We hereby apply for membership in the name of the said        and I/we acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

Signed:        Parent(s)/Guardians(s)/Other  
Date of Birth:  /  /   
 Day Month Year