

Promo Code: WLCUF



WEST LOTHIAN CREDIT UNION MEMBERSHIP APPLICATION FORM

APPLICANT'S DETAILS		
Surname	Forename	
Address		
Post Code	Telephone No.	Mobile No.
Previous address (if at current address less than 2 years)		
Email address		
NI Number	Date of Birth	

EMPLOYMENT DETAILS	
Are you Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/>	
Occupation	Employer
Full Time / Part Time (delete as appropriate)	Length of time with Employer

GENERAL INFORMATION	
Are you, or have you been a member of any other credit union?	Yes / No
If yes, please give details	
How or where did you hear about this credit union? WLCUF	

FORM OF NOMINATION (Shares and Loan Insurance)	
I (person applying to be a member)	
Being a member of West Lothian Credit Union hereby nominate the person named below as the person to whom there shall be transferred, on my death, such property in the Credit Union belonging to me at the time of my death, whether shares or otherwise.	
I nominate:	
Name of Beneficiary	
Address of Beneficiary	
Relationship to Member	
Signature (person applying to be a member)	Date
Witness (the witness must not be the nominated person)	
This application is accepted by the Committee	
President's Signature	

DECLARATION	
I hereby apply for membership and agree to abide by the rules of West Lothian Credit Union and declare that the information given by me on this form is true and correct to the best of my knowledge and belief.	
Signature	Date

FOR OFFICE USE ONLY
 Applicants MUST provide two separate pieces of evidence, ONE to prove IDENTITY and ONE to prove RESIDENCE.
 Must be originals (not photocopies). Statements must be not more than 3 months old.

PROOF OF IDENTITY		PROOF OF RESIDENCE	
Full Passport		Utility Bill (Gas/Electricity/Water)	
Full Driving Licence (check expiry date 4a)		Bank/Building Society Statement (not more than 3 months old)	
Notice of Tax Coding		Credit Card Statements	
Travel Pass		Council Tax Notice	
Pension Book		Mail Order Statement	
Council Payment Card		Phone bill (fixed line only)	
Other (please specify)		Other (please specify)	
Verified by	Date	Further checks carried out by the Credit Union to verify identity of applicant	
Position in Credit Union			

EQUAL OPPORTUNITIES

West Lothian Credit Union is committed to Equal Opportunities. It would greatly assist our attempts to improve our service and make membership available to all sections of the community if you would provide the following information.

Please tick the relevant sections

Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age Group	18 – 24 <input type="checkbox"/> 25 – 35 <input type="checkbox"/> 36 – 50 <input type="checkbox"/> 51 – 59 <input type="checkbox"/> 60 – 69 <input type="checkbox"/> 70+ <input type="checkbox"/>
Do you have a disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, are you registered as disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you unemployed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you on means tested benefit?	Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your ethnic origin?	White – UK <input type="checkbox"/>
	Irish <input type="checkbox"/>
	White – Other <input type="checkbox"/> (please specify)
	Black – African Caribbean <input type="checkbox"/>
	Black – African <input type="checkbox"/>
	Black – Other <input type="checkbox"/> (please specify)
	Indian <input type="checkbox"/>
	Pakistani <input type="checkbox"/>
	Bangladeshi <input type="checkbox"/>
	Asian – Other <input type="checkbox"/> (please specify)
	Chinese <input type="checkbox"/>
	Vietnamese <input type="checkbox"/>
	Other Ethnic Group (please specify)