

WHITE CART CREDIT UNION

APPLICATION FOR JUNIOR MEMBERSHIP

To be completed in block capitals

Membership No : _____

PERSONAL INFORMATION

Surname: _____

Date of Birth: ____ / ____ / ____

Forename(s): _____

Primary Class: _____

Address: _____

Home Tel No: _____

Mobile No: _____

Postcode: _____

Adult Member's Name : _____

Adult Member's Credit Union number : _____

Adult Member's Relationship to Junior Member : _____

Signature: _____

Date: ____ / ____ / ____

If adult member is not the junior members guardian, please provide guardians contact details.

Guardians name : _____

Address : _____

Telephone : _____

E-Mail : _____

Postcode : _____

The Credit Union will process the information on this form on the basis of Legal Obligation. To read our full Privacy Policy please visit our website at www.whitecartcu.co.uk or contact our registered office at 73 Neilston Road Paisley, Telephone 0141 889 3005.