

LEWISHAM EMPLOYEES' CREDIT UNION

FAMILY MEMBER APPLICATION FORM

Must be completed in block capital and return to Lewisham Employees' Credit Union

Family member details (Applicant)

Surname: _____ Forenames: _____

Date of birth: _____ NI Number:

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Home address (*must be residence at current members address, proof of address will be requested*)

Post Code: _____

Home Telephone number: _____ Mobile _____
Employment details (*If employed*)

Work Address: _____

Post Code: _____ Work Telephone No: _____

I would like to save £ _____ per month by (*Please indicate method of saving*) Standing order/
Direct from members monthly pay (*Please complete the appropriate form*)

I agree £5.00 initial membership fee payable with the first monthly instalment only.

Applicant signature: _____ Date: _____

Credit Union Member's details

Surname: _____ Forenames: _____

Employee Number: _____ N. I Number _____

Relationship to Applicant: _____

Home Address _____

Post Code: _____

Home Telephone no: _____ Mobile No: _____

Work details:

Please (tick) Lewisham Council Lewisham Hospital Lewisham College

Section _____

Work Address: _____ Post Code: _____

Work Telephone No: _____

Member's Signature: _____ Membership No: _____ Date: _____

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