

APPLICATION FOR MEMBERSHIP — NORTHERN IRELANDCredit Union Limited Membership Number: Name: Address: Telephone: Date of Birth: Day Month Year If the applicant is 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: 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 or 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: Membership Number: Proposed by:

P.T.O.

Membership Number:

Seconded by: