

London Capital Credit Union Ltd
a savings & loans co-operative

Rcd Date.....

APPLICATION FOR ADULT MEMBERSHIP

All parts of this form **MUST** be completed:

For office
use only

M'ship No.

Mr/Mrs/Ms/ etc

Surname.....

First nameOther Names.....

Address

.....Postcode.....

Tel. No. (home)..... (work)..... (mobile)

Email address 1

Email address 2

Date of birth

NI Number

Occupation.....

I hereby apply for membership of the Credit Union, confirm my eligibility, agree to abide by the rules and confirm that the information on this application form is true and correct to the best of my knowledge and belief.

Applicant's signature Date

**Please return this membership application form by post, fax or scan and email,
together with your proof of ID and address.**

Credit Union, Jeremy Hopgood Rooms, Caxton House,
129 St John's Way, Archway, London N19 3RQ

Please contact the credit union on 0207 561 1786
Fax: 020 7272 8192 Email : info@credit-union.coop
All forms are available from our website – www.credit-union.coop