



BANK EMPLOYEES CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Cor. Bournes Road and Angelina Street, P. O. Box 4660, St. James

☎ 622-9634/622-4035/628-4884 FAX: 628-2559

E-Mail: service@becuonline.com | Website: www.becuonline.com

MEMBERSHIP APPLICATION FORM

I, of
(Name in Block Letters) (Home Address)

hereby apply for membership in the **Bank Employees Credit Union Co-operative Society Limited**.

Membership Qualification

*You are **required** to submit following documents in support of your application: One form of picture ID and a recent utility bill. Proof of membership in another credit union is also required if you are not a bank employee.*

Complete **only one** of the following (*see **Bond of Membership** on reverse side*):

- a. I am a bona fide employee of
- b. I am a bona fide employee of **Bank Employees Credit Union/Banking Insurance and General Workers Union**
- c. I am the of (**Membership #:**) who is a
(Specify Relationship to Member) bona fide member of the **Bank Employees Credit Union Co-operative Society Limited**
- d. I am a bona fide member of Credit Union Co-operative Society Limited, **Membership #:**
- e. Other

Personal Data

Name	Date Of Birth	Tel. Contact	Mailing Address (Detailed)
	 (H)	Dependents: No [] Yes [] How Many? _____
Personal Email Address:	 (C)	
	(W)	
Identification # (State if DP, Passport, National ID)		Gender	Marital Status
			Married <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/>

Employment Data

Employer's Name		Employer's Address	
Employer's Tel. #	Occupation	How Long Employed	

I enclose the sum of \$..... in respect of the following:

Entrance Fee \$.....

Shares \$.....

Deposits \$.....

Other (specify) \$.....

TOTAL \$.....

APPLICANT's SIGNATURE:

DATE:

NAME OF RECOMMENDER:

SIGNATURE OF RECOMMENDER:

APPOINTMENT OF NOMINEE

In the event of my death I, do hereby nominate
 (.....) of to receive any money
 (Relationship to Applicant)
 accruing to me in the Society.

Nominee Data

Name	Date Of Birth	Tel. Contact	Mailing Address (Detailed)
	 (H) (C)	
Identification # (State if DP, Passport, National ID or Birth Certificate)			Gender

Applicant's Signature: Date:

Witnessed By: Signature: Date:

Witnessed By: Signature: Date:

FOR OFFICIAL USE ONLY

This application for Membership in the Bank Employees Credit Union Co-operative Society Limited made by
 (applicant) is hereby approved.

<u>Data Entry</u>
Date Entered:
By:
Reviewed By:

Membership #:

Date Approved:

Secretary

President.....

*Standing Order Received: Yes No

Recommender's Membership #:

Date Documents Dispatched:

* Your standing order should include a minimum monthly contribution of \$50.00 towards shares.

<p>Bank Employees Credit Union Cooperative Society Limited BOND OF MEMBERSHIP</p> <p>Bye-laws, Article 4, Membership</p> <p>Membership shall be open to:</p> <p>All persons of good character aged 16 years and over who are:</p> <ol style="list-style-type: none"> Employees of Financial Institutions (Banks, Insurance Companies, Mortgage Finance Companies, etc. Permanent employees of the Society and the Banking Insurance and General Workers Union Immediate family of persons who are already Members, including spouse (common-law relationships included) parents, children (adopted children included), brother and sister Members of other registered Co-operative Societies in Trinidad and Tobago Persons who were already members and who for whatever reason leave their place of employ. In such cases the membership would continue unbroken except where the board dictates otherwise.
