

**SECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED**

**HEAD OFFICE:**

101 Southern Main Rd., California,  
Trinidad West Indies.

Phone: 1(868) 636-5487 Fax: 1 (868) 679-3293

**BRANCH OFFICE:**

Corner Eleanore St. & Southern Main Rd., Chaguanas,  
Trinidad West Indies.

Ph.: 1 (868) 672-5825 Tel/Fax: 1 (868) 665-9733.

**BRANCH OFFICE:**

95 High St., Princess Town,  
Trinidad West Indies.

Phone: 1(868) 655-3116 Fax: 1 (868) 655-6479

**MEMBERSHIP APPLICATION FORM**

NAME \_\_\_\_\_  
SURNAME FIRST NAME INITIAL

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TELEPHONE Nos (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ I.D./D.P./P.P. \_\_\_\_\_ / \_\_\_\_\_

SINGLE  MARRIED  DIVORCED  SEPARATED  WIDOWED  COMMON-LAW

MALE  FEMALE  CHILD  ADULT

EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

TEMPORARY  PERMANENT  PARTTIME

RECOMENDER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

*This Section is for applicants under 16 years of age only*

If you are a relative / sibling of an existing member, please state the name and relationship of the member:

\_\_\_\_\_ Name of Relative Relationship

**DECLARATION**

I \_\_\_\_\_ am the \_\_\_\_\_ of the above applicant.  
Relationship

\_\_\_\_\_ Signature of Relative Account No. I.D. No

**I HEREBY AGREE TO ABIDE BY THE BYE LAWS AND RULES NOW IN FORCE AND ANY WHICH MAY BE MADE HEREAFTER.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Payments: Monthly/Weekly/Fortnightly { } Cash/Cheque { } Payroll Deduction { } Standing Order (Bank)

Shares \_\_\_\_\_ Deposit \_\_\_\_\_ Christmas Plan \_\_\_\_\_

Application approved on \_\_\_\_\_ Account No. \_\_\_\_\_

Secretary \_\_\_\_\_ President \_\_\_\_\_

Entrance Fee Paid \_\_\_\_\_ Initial Shares Paid \_\_\_\_\_ Date \_\_\_\_\_

Two I.D.s  Passport Photo  Proof of Address  I.D. of Beneficiary