



**ST KITTS CO-OPERATIVE CREDIT UNION LIMITED  
MEMBERSHIP APPLICATION**

I/We hereby make application for membership in and agree to conform to the rules and any Amendment(s) thereto of the St Kitts Co-operative Credit Union Ltd.

<b>DATE:</b> ____/____/20____			
<b>Origination of Account:</b> <input type="checkbox"/> <b>HEADQUARTERS</b> <input type="checkbox"/> <b>BRANCH</b> <input type="checkbox"/> <b>Other</b>			
TYPE OF ACCOUNT Regular <input type="checkbox"/> Joint/and <input type="checkbox"/> and/or <input type="checkbox"/> ITF <input type="checkbox"/> Company <input type="checkbox"/> Organization <input type="checkbox"/>			<b>ACCOUNT NO:</b>
GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Other <input type="checkbox"/> _____ (Specify)	
<b>TITLE</b>	PRIMARY OWNER <input type="checkbox"/>	LAST NAME	FIRST NAME      MIDDLE NAME      ALIAS
	SECONDARY OWNER <input type="checkbox"/>		
ADDRESS			
CITY	STATE	COUNTRY	ZIP
ALTERNATIVE MAILING ADDRESS			
CITY	STATE	COUNTRY	ZIP
ID : <input type="checkbox"/> PASSPORT <input type="checkbox"/> Drivers. License. <input type="checkbox"/> Social Security other	MOTHER'S MAIDEN NAME	MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	
TELEPHONE # (H)	DATE OF BIRTH ____/____/____	E-MAIL ADDRESS	
TELEPHONE # (W)	____/____/____	OCCUPATION & PLACE OF EMPLOYMENT	
TELEPHONE # (C)	____/____/____		

Signature of Member \_\_\_\_\_ Signature of Member \_\_\_\_\_

Signature of Member \_\_\_\_\_ Signature of Member \_\_\_\_\_

What is your usual deposit amount?

What is the source of your income?



**Designation of Beneficiary**

The Designation is only effective when delivered to and filed with the  
**ST KITTS CO-OPERATIVE CREDIT UNION LIMITED**

I/We, \_\_\_\_\_  
Being (a) member(s) of the St Kitts Co-operative Credit Union Limited do hereby designate  
the following:

NOMINEE (S)	ADDRESS	D.O.B.	CONTACT#	PROPORTIONS

As my (our) Beneficiary(ies), to receive any and all sums of money that may become due and payable to me (us) at the time of my (our) death by the said Credit Union.  
I/We hereby, reserve the right to change the Beneficiary(ies) herein designated. The execution by a subsequent Designation of Beneficiary Form shall constitute a change of beneficiary(ies).

**\*According to the BY-LAWS OF THE St Kitts Co-operative Credit Union Ltd. amended 22 May 2003 ARTICLE VIII - SHARES SECTION 24 # (3):**  
**Notwithstanding the provisions of the By-Laws 16 (3) and 23 (1), a member shall pay contributions to the value of at least twenty (20) common shares within the first twelve (12) months of membership. The time may be extended in special cases by the Board, with conditions as necessary.**

Signature of Member \_\_\_\_\_ Signature of Member \_\_\_\_\_

Recommended By \_\_\_\_\_

Witnessed By \_\_\_\_\_ Date Admitted \_\_\_\_ / \_\_\_\_ 20 \_\_\_\_

PREPARED BY	CHECKED BY	AUTHORISED BY	Verified By	AUDITED BY