

Bermuda Credit Union Co-Op. Society

49 Union Square Hamilton, HM 12

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E-Mail: creditunion@mbrscu.bm

*Website:www.bcu.bm*

 MEMBERSHIP APPLICATION FORM

I, …………………………………………………, of ………………………………………………………………………………..

**(Name in Block Letters)**

**(Home Address)**

(……………………………………..) hereby apply for membership in the **Bermuda Credit Union Co-Op. Society**

(Personal e-mail Address)

# Membership Qualification

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

1. I am a bona fide member of the B I U □ the BUT□ the BPSU□ other □
2. I am the ……………………… of ………………………………………….…… (**Membership #**: …………) who is a bona fide member of the **Bermuda Credit Union Co-Op. Society**

**(Specify Relationship to Member)**

Personal Data

|  |  |  |
| --- | --- | --- |
| **Date Of Birth** | **Tel. Contact**  | **Mailing Address (Detailed)** |
|  | **……………………………………...............(H)****…………………………..………………….. (C)****Email:……………………………………….** |  |
| **Identification # (*State if DP, Passport*)** | **Social Insurance No.** | **Gender** | Marital Status |
|  |  |  | Married Single Other  |
| Employment Data |
| Employer | Employer’s Address |
|  |  |
| **Employer’s Tel. #** | Occupation | How Long Employed |
|  |  |  |

I direct that the entrance fee be taken from initial salary deductions □Signature………………. Date………………

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

**Entrance Fee** ………………………………………………………. **$**.....................

**Shares** ………………………………………………………………. **$**.....................

**Deposits**…………………………………………………………….. **$**.....................

**TOTAL**  **$**

**APPLICANT’S SIGNATURE:** ……………………………………………………… **DATE:** ………………………………..

###### APPOINTMENT OF BENEFICIARY

In the event of my death I, ………………………………………… do hereby nominate ………………………………………….. (……………………………………) residing at ……………………………………………………………………… to receive any money accruing to me in the Society. (note: if beneficiary is a minor, please provide contact details of a likely guardian)

(Relationship to Applicant)

Beneficiary Contact Number: (Home)……………………..(Work)………………………(cell)………………………………….

Beneficiary Birth date:…………………………. Occupation:………………………. Email:………………………………..

Applicant’s Signature: …………………………………… Date: ………………………

Witnessed By:………………………………… Signature:……………………………………….. Date: ………………………

FOR OFFICIAL USE ONLY

This application for Membership in the Bermuda Credit Union Co-Op. Society

…………………………………… (applicant) is hereby approved.

**Data Entry**

**Date Entered**: ………………………… …..

**By**: …………………………………………..

**Reviewed By**: ………………………………

**Membership #**:………………..

**Date Approved**: ……………………………….

**Standing Order Received**: Yes No

Bermuda Credit Union Co-Op. Society

##### BOND OF MEMBERSHIP

**Constitution - *Article 2*, *Qualification for Membership amended December 1, 2011***

**Membership shall be open to**:

1. **members of the Bermuda Industrial Union, together with their spouses and immediate members of their families;**
2. **the Bermuda Industrial Union as an organization;**
3. **such body corporate owned by the Bermuda Industrial Union;**
4. **the employees of the Credit Union;**
5. **members of registered Trade Unions in the islands of Bermuda**
6. **persons with common membership in an association or organisation including, but not limited to religious, social, co-operative, labour or educational groups.**