## ST. MARY'S CO-OPERATIVE CREDIT UNION LIMITED APPLICATION FOR MEMBERSHIP

Type of Account Membership Savings Deposit
Account number
I hereby apply for membership and agree to conform to the By-Laws or any amendments thereof in the St. Mary's Co-operative Credit Union Limited.
Surname: First name:
Middle Name: Alias:
Male:
IDENTIFICATION
Social Security Passport Driver's License National ID
ID Number Country
ID Number Country
Nationality: Dual Nationality Yes No
Tax Identification number (TIN)(American citizens)
Address:
Tele: Email address:
Marital Status: Single Married Child
INCOME /EMPLOYMENT DETAILS
Employment Status
Full time Part time Self employed
Retired Unemployed Student
Employer Name:
Employer Address:
Business Tel: Job Title/Occupation:
Nature of business if self employed
Time with this employer/self-employed: Years Months
Monthly Income range: \$0-\$500 \$501-\$1000 \$1001-2000 \$2001-\$3500
\$3501-\$4500 Over \$4500 Other Income \$
Specify source Estimated monthly deposit \$

## ST. MARY CO-OPERATIVE CREDIT UNION LIMITED DESIGNATION OF BENEFICIARY

· ————————————————————————————————————		being a member of the
st. Mary's Co-operative Credit Unio	on Limited do herby designate:	
	Relation	nship
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	Relation	nship
· ·	eceive any and all money standing to the irtue of the terms and conditions of the the said Credit Union.	•
seneficiary(ies) information:		
1. Address	Tele	Allotted %
2. Address	Tele	Allotted %
3. Address	Tele	_Allotted %_
The execution of this designation of further reserve the right to change	f beneficiary constitutes a change of ben the beneficiary/beneficiaries therein de- ry form shall constitute a change of ben	neficiary from the previous one.
The execution of this designation of further reserve the right to change ubsequent designation of beneficia	the beneficiary/beneficiaries therein derry form shall constitute a change of ben	neficiary from the previous one.
The execution of this designation of further reserve the right to change absequent designation of benefician	the beneficiary/beneficiaries therein deary form shall constitute a change of beneficiaries.  T)	neficiary from the previous one. signated. The execution of a eficiary.  Date
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The execution of this designation of further reserve the right to change ubsequent designation of beneficia  Member Signature (DO NOT PRIN  Witness #1 Name:  Witness #2 Name:	the beneficiary/beneficiaries therein deary form shall constitute a change of ben  T)  Signatu  FOR OFFICIAL USE ONLY	Date  re: