



BARBADOS POLICE CO-OPERATIVE CREDIT UNION LIMITED

Nexus House, Lightfoot Lane, St. Michael

Tel: (246) 436-9361 / 436-9355 Fax: (246) 435-0788

Email: admin@policecoopcu.com

APPLICATION FOR MEMBERSHIP

I (Mr/Mrs/Miss)
Full Name (Block Letters)

Address
.....

hereby make application for membership of the

Barbados Police Co-operative Credit Union Limited and I agree to conform to the
Co-operatives Societies Act and Regulations and any amendments thereof.

I already belong to the following Co-operative Societies:-

.....
.....

Date of Birth National Registration No
Year\ month\ day

E-Mail address@.....

Occupation Force #

Name & Address of Employer
.....
.....

Name of relative in the credit union

Relationship to member

Tel No. (H)..... (W).....(C)

Signature

Date

Proposed by Seconded by

FOR OFFICIAL USE

Approved by Board of Directors Date

Approved by General Meeting Date

Enrolled as a Probationer Date

Enrolled as a Member Date

Entrance Fee of \$ Paid. Date

.....
Secretary