



Phibsboro & District Credit Union Limited

390-392 North Circular Road, Phibsboro, Dublin 7.

Tel: 830 5177 Fax: 830 7355 Email: info@phibsborocu.ie Web: www.phibsborocu.ie

APPLICATION FOR MEMBERSHIP

Name: _____ Date: _____

Address: _____

How long at present address: _____ E-mail: _____

Phone: Home _____ Work _____ Mobile _____

Date of Birth: _____ P.P.S. No.: _____

Personal Details	Employment Status
Marital Status: (Please tick) Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Partnered <input type="checkbox"/>	Employed <input type="checkbox"/> Carer <input type="checkbox"/> Unemployed <input type="checkbox"/> Disability <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/>
Home: (Please tick) Rented <input type="checkbox"/> Owned <input type="checkbox"/> Living with parents <input type="checkbox"/> Other <input type="checkbox"/>	Employers Name & Address
No. of Dependent Children: _____	
Partner's Details (Optional)	Security Questions
Name: _____	Mother's Maiden Name: _____ Pet's Name: _____
Credit Union Account Number: _____	First School: _____
Do you want to take part in our Annual Draw: Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick box ✓)	
Special Share (DIRT Deducted) Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick box ✓)	
Regular Share (DIRT Not Deducted) Yes <input type="checkbox"/> No <input type="checkbox"/> (Please tick box ✓)	
I would like to receive my A.G.M. Notice / Statements by email: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you transferring from another credit union? If so, please give details: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Credit Union: _____	Membership No.: _____
Please Deduct Annual Death Benefit Insurance Premium from my Shares * (Premium may go up or down)	
Signature: _____	Date: _____
Where did you hear about us? Posters or Leaflets <input type="checkbox"/> Online <input type="checkbox"/> Friends or Family <input type="checkbox"/> Newspaper <input type="checkbox"/>	