

# ENNISKILLEN CREDIT UNION

MEMBERSHIP APPLICATION



## APPLICANT INFORMATION

Full Name :

Date Of Birth :     
D D M M Y Y

Full Address :

County :

Post Code :

Occupation :

Place of Employment :

Gender :  Male  Female  Prefer not to say

Phone :

E-Mail :

I Hereby apply for membership of and agree to abide by the rules of Enniskillen Credit Union Limited, and declare that the information given by me on this form is true and correct to the best of my knowledge and belief, I understand that any false and misleading information may result in the termination of my membership.

Signed by Applicant :

Date :     
D D M M Y Y



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MEMBERS SAVINGS ARE PROTECTED UP TO A TOTAL OF £85,000 BY THE FINANCIAL SERVICES COMPENSATION SCHEME



