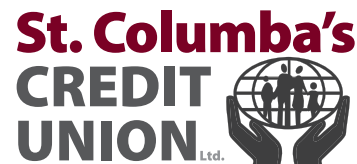


# Membership Application Form



Mervue | Eyre Square | Galway Shopping Centre | Oranmore

## APPLICATION FOR MEMBERSHIP

St. Columba's Credit Union Limited

Name: ..... Membership Number: .....

Address: .....

.....

.....

Occupation: .....

Telephone: ..... Date of Birth: ..... / ..... / .....  
Day / Month / Year

If the applicant is less than five years at the above address, please state the immediate prior address:

Prior Address: .....

.....

.....

### Declaration:

- I hereby apply for membership of and agree to abide by the rules of St. Columba's Credit Union.
- 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 or misleading information given by me in connection with my application for or my membership with the credit union may result in termination of my membership, apart from any other legal sanctions that may apply.

Source of Funds: .....

Purpose of the Account: .....

Signature	Signature	Date	Day/Month/Year
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PLEASE TAKE TIME TO READ THE PRIVACY NOTICE OF THE CREDIT UNION WHICH OUTLINES HOW AND WHY WE PROCESS YOUR PERSONAL DATA. A COPY IS AVAILABLE FOR YOU TO TAKE AWAY AND YOU CAN ACCESS THE PRIVACY NOTICE AT ANY TIME ON [www.galwaycreditunion.ie](http://www.galwaycreditunion.ie)

Walter Macken Road,  
Mervue, Galway  
Tel: 091 755 825  
Fax: 091 770 964

24 Eyre Square,  
Galway  
Tel: 091 563 531  
Fax: 091 565 120

6 Castle Road,  
Oranmore, Galway  
Tel: 091 794 477  
Fax: 091 794 501

Galway Shopping Centre,  
Headford Road, Galway  
Tel: 091 705 315  
Fax: 091 770 964

**IN THE EVENT THAT THE APPLICATION FOR MEMBERSHIP IS IN RESPECT OF A MINOR WHO IS UNABLE TO GIVE RECEIPTS BY VIRTUE OF THEIR AGE AT THE TIME OF OPENING THE ACCOUNT**

I/We hereby apply for membership in the name of the said .....and I/we acknowledge that all shares/deposits arising from this membership now and hereafter shall be his/her sole property and all withdrawals shall be applied to his/her sole benefit.

In the event of the account being opened by more than one person it is required that: both parties / either party\* be present to make withdrawals.

In the event of the account being opened by a person other than a parent/guardian of the member, [insert name of parent or guardian] \_\_\_\_\_ as parent/guardian\* shall be nominated to give any necessary receipts should the member be unable to do so.

Please note that when the minor can make the necessary receipts, the signing parent/guardian will no longer have access to the account.

Signature	Signature	Date	Day/Month/Year
of Applicant or Parent/Guardian on behalf of Minor			

**(THIS SECTION IS TO BE COMPLETED BY THE CREDIT UNION)**

**EVIDENCE OF IDENTIFICATION<sup>1</sup>** (Copies must be attached)  
(Complete one or more of the following)

- Current Valid Passport
- Current Valid Driving Licence
- ML10 Identification Form from the Garda Siochana
- National Identity Card
- Other\* Please specify.....

**EVIDENCE OF ADDRESS VERIFICATION** (Copies must be attached)  
(Complete one or more of the following)

- Original Recent Household Bill
- Electoral Register
- Document from Revenue Commissioners or other Government Departments
- Original Recent Bank/Building Society Statement
- Telephone/Street Directory
- Other\* Please specify.....

Application approved and details verified in accordance with the standard rules by:

Signature	Signature	Date	Day/Month/Year
Membership Committee			

<sup>1</sup> Note that as at April 2018 the Public Service Card cannot be either requested, or accepted if volunteered, as a form of identification/PPSN verification.