



Registered office:  
11a Frances St.  
Truro  
TR1 3DN

FSA Reference no. 213699

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## Young Savers: Application for Membership

**Membership No.** .....

Savers Name: .....

Address: .....  
.....Postcode .....

Tel No: .....

Date of Birth: .....

School ..... Year: .....

I apply to join Cornwall & The Isles of Scilly Credit Union Ltd - Young Savers

I agree to abide by the Rules, a copy of which I have received, and accept the decisions of the Directors and of the members at general and special meetings. I declare that to the best of my knowledge the information given on this form is true and correct.

Applicant's Signature: .....

Date ...../...../.....

Name of Parent/Guardian: .....

Address of Parent/Guardian: (If different from above).....  
.....Postcode .....

Signature of Parent/Guardian: .....

Date: ...../...../.....

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### Office Use Only:

*Proof of Identity* ..... *Number* .....

*Proof of Residency* .....

*Application accepted by:* .....

*Position In Credit Union* .....

*Entered in Young Savers Register.-* .....