



Canning's Employees' Credit Union  
 Co-operative Society Ltd.  
 10 Victoria Avenue, Port of Spain, Trinidad, W.I.  
 Tel: 627-9500, 625-3781/2344  
 Fax: 623-4851 • E-mail: cecu@tstt.net.tt

PLEASE USE BLOCK LETTERS

PERSONAL DATA:

Name: \_\_\_\_\_  
 (Last)

\_\_\_\_\_  
 (First) (Middle)

Address: \_\_\_\_\_  
 \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Marital Status:  
 Single ( ) Married ( ) Divorced ( ) Widow ( ) Widower ( )

I/D#: \_\_\_\_\_ BIR: \_\_\_\_\_

Tel: \_\_\_\_\_ Cell: \_\_\_\_\_

EMPLOYMENT DATA:

Name/Address of Co.: \_\_\_\_\_  
 \_\_\_\_\_

Tel (W): \_\_\_\_\_

Position: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Status: Permanent ( ) Casual ( )

Other Means of Employment: \_\_\_\_\_  
 \_\_\_\_\_

I am also a member of

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

To which I am indebted in the sum of \$ \_\_\_\_\_

I promise to abide by the rules and regulations in existence, and any subsequent bye-laws implemented for the proper conduct of the CANNING'S EMPLOYEES' CREDIT UNION CO-OPERATIVE

TYPE OF MEMBERSHIP: FULL ( ) SUB ( )

If sub-member, please give name and address of Full Member:

\_\_\_\_\_  
 \_\_\_\_\_

Relationship to Full Member:

\_\_\_\_\_

BENEFICIARY:

In case of sickness or death, I nominate:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Relationship :

to receive my benefits in the society.

if this application is accepted, I hereby authorize

(Name of Company)

To deduct the sum of \$

Weekly/Monthly/Fortnightly Shares

Entrance Fee:

(Applicants Signature)

Proposer:

Liaison Officer:

Comments:

Date:

Approved by:

(PRESIDENT)

(SECRETARY)

FOR OFFICIAL USE ONLY ACCOUNT NUMBER:

MEMBERSHIP APPLICATION FORM