

Surname

Forename(s)

Title : Mr / Mrs / Ms / Miss

Address

Post Code

Home Tel No

Mobile No.

Email

Where did you hear about Fusion Credit Union Ltd?
.....

What role(s) within the Credit Union might you be interested in? Please Tick Box(es).

- | | | | |
|-------------------|--------------------------|-------------------------|--------------------------|
| Collector/Cashier | <input type="checkbox"/> | Administration | <input type="checkbox"/> |
| Accounts | <input type="checkbox"/> | Publicity and Marketing | <input type="checkbox"/> |
| Training | <input type="checkbox"/> | Committee | <input type="checkbox"/> |

Indicate your availability for volunteering by ticking the appropriate boxes below

Day	Mon	Tue	Wed	Thur	Fri	Sat
Morning						
Afternoon						
Evening						

Skills and interests

.....
.....
.....
.....
.....

Please provide names and contact details for two references. These must not be friends or relatives.

Name.....	Name.....
Address.....	Address.....
.....
.....
.....
Email.....	Email.....
Tel.....	Tel.....

Signed:

Date:

~ This section below for office use only ~

Member Number

Date Joined