

<b>Surname</b>
<b>Forename(s)</b>
<b>Title: Mr / Mrs /Ms / Miss</b>
<b>Address</b>
<b>Post Code</b>
<b>Home Tel No:</b>
<b>Mobile No:</b>
<b>Email:</b>

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

What role(s) within the Credit Union might you be interested in? Please circle items.

Collector/Cashier	Administration
Accounts	Publicity and Marketing
Training	Committee
Loan Management	
Other (please specify)	

Skills and interests

**Please Supply details of 2 people that we may contact for references:**

Name: Address:  Email: Phone No:	Name: Address:  Email: Phone No:
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What times might you be able to volunteer? Please tick the boxes below.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						
EVENING						

<b>Signed:</b>	<b>Date:</b>
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~ This section below for office use only ~

<b>Member Number</b>	<b>Date Joined</b>
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