

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 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						

Signed:	Date:
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~ This section below for office use only ~

Member Number	Date Joined
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