

JOINT MEMBERSHIP APPLICATION



Please complete in full **ON-SCREEN** or **BY HAND**, using **BLOCK CAPITALS** and return to Stirling Credit Union Ltd., 10 Spittal Street, Stirling, FK8 1DU or email to Member Services at info@stirlingcreditunion.co.uk.

If you have any questions, please email or telephone Member Services on 01786 437090.

Joint accounts can be opened for two existing adult members.

If one or both joint account applicants is not already a member, then membership applications should be completed before the joint account is opened (membership applications can be submitted online or, alternatively, an application form can be downloaded from our website).

1. PERSONAL DETAILS FOR MEMBER 1

Membership no	Title (<i>Mr, Mrs, Miss, Ms, Dr, etc.</i>)
First name	Middle name(s)
Last name	Date of birth (<i>dd/mm/yyyy</i>)
Address	
Postcode	Telephone or mobile number
Email address (BLOCK CAPITALS)	

2. PERSONAL DETAILS FOR MEMBER 2

Membership no	Title (<i>Mr, Mrs, Miss, Ms, Dr, etc.</i>)
First name	Middle name(s)
Last name	Date of birth (<i>dd/mm/yyyy</i>)
Address	
Postcode	Telephone or mobile number
Email address (BLOCK CAPITALS)	

3. CORRESPONDENCE DETAILS

Address for correspondence
Postcode
Addressee (name of member(s) for correspondence)

4. MARKETING PREFERENCES

Stirling Credit Union may contact me with newsletters, loan offers etc. using (✓ preference)

SMS

Email

Post

Decline all

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5. DECLARATION OF MEMBER 1

I confirm that I would like to open a joint adult membership account and declare that the information given by me on this form is correct to the best of my knowledge and belief.

I confirm that I have read and understood Stirling Credit Union's Terms of Membership and how they will use my information.

I confirm that I have read and understood Stirling Credit Union's membership of the Financial Services Compensation Scheme (FSCS).

(Terms of Membership, Data Privacy Notice and details of our membership of the FSCS can be found on our web site)

Signature of applicant 1: _____ Date:

6. DECLARATION OF MEMBER 2

I confirm that I would like to open a joint adult membership account and declare that the information given by me on this form is correct to the best of my knowledge and belief.

I confirm that I have read and understood Stirling Credit Union's Terms of Membership and how they will use my information.

I confirm that I have read and understood Stirling Credit Union's membership of the Financial Services Compensation Scheme (FSCS).

(Terms of Membership, Data Privacy Notice and details of our membership of the FSCS can be found on our web site)

Signature of applicant 2: _____ Date: