

## COMMUNITY FIRST CO-OPERATIVE CREDIT UNION MINORS APPLICATION FOR MEMBERSHIP

Account No		Date of Application
Name of Applicant -		
Name of Parent/Gua	rdian	
Date of Birth		
Home Address		Phone
•	•	datory), Driver's Licence, Voter's Identification; <b>Child's birth certificate</b> . In additionaddress (utility bill, bank or credit card statement).
Early Closure Fee (If ac	count is closed under one (1) year o	f opening) \$100.00.
		Community First Co-operative Credit Union and agree to conform to the Rules and or vote at an Annual General Meeting.
This application was e	ntered in the Members' Register an	nd approved by President Secretary
Date:		
Herewith please find the	ne sum of \$ being as follows	lows:
Deposits	\$	
	\$	
Pass Book	\$	
TOTAL	\$	

## NOMINATION FORM

## (PURSUANT TO THE CO-OPERATIVE SOCIETIES ORDINANCE OF THE REVISED LAWS OF ANTIGUA AND BARBUDA) COMMUNITY FIRST CO-OPERATIVE CREDIT UNION LIMITED

Account #	I/We					
Do nominate the following as the transferred my Deposits in the S						
NAME	RELATIONSHIP	OCCUPATION	DATE OF BIRTH	ADDRESS	CONTACT #	%
(Where the nomination is not it is to be specified.) Any pre				roperty in the Society, th	ne amount to be com	prised in
As Witness to my hand, this -	day of		20			
Signature of Applicant makin	g Nomination					
Signature of Witness						-
Address						_