



Aero Services Credit Union Co-operative Society Limited (Register No. 102)

Corner Orange Grove Road & Priority Bus Route, Tacarigua, Trinidad, W.I.

TeleFax: 868.640.6416 / 868.640.6418, email: aerocu@tstt.net.tt

Membership Application Form

Surname: _____ First Name: _____

Address: _____ email: _____

Tel. (h) _____ Tel: (w) _____ I.D. /P.P. /D.P. No. _____

Date of Birth: _____ Marital Status: _____ No. Of Children: _____ Staff No.: _____

Employment Status

Are you employed? Yes No (Please Tick)

If yes Name of Company: _____

Address: _____

Date of Joining: _____ Position: _____ Dept.: _____

IF self employed state B.I.R. No.: _____ Attach last quarterly statement : _____

Type of business: _____

Address: _____

Recommendation

Recommended by: _____ Member No. _____

Signature: _____ Date: _____

Declaration

By my signature I agree to abide by the bye-laws of the Aero Services Credit Union and I have enclosed the sum of Twenty Dollars (\$20.00) to cover entrance fee

Signature: _____ Date: _____

Official Use Only

Approved: Yes No (Please Tick) Date: _____

Secretary: _____ President: _____

Appointment of Beneficiary

To be completed by new applicants and members wishing to change beneficiary

I _____ Staff No: _____

Hereby appoint _____ (relationship _____)

as my beneficiary to receive any monies accruing to me from the Society in the event of my death

This cancels and supersedes all previous beneficiaries to the Credit Union prior to this date.

Member's Signature: _____ Date: _____

Name of Witness: _____ Staff No: _____

Signature of Witness: _____

Name of Witness: _____ Staff No: _____

Signature of Witness: _____

Please note the Following

- A) No application shall be entertained unless the applicant is recommended by a member of Aero Services
- B) All applications are subject to Board approval
- C) An entrance fee of Twenty Dollars (\$20.00) must be submitted together with this form
- D) Members may make lumpsum deposits towards their shares at any time
- E) Whenever there is a change of name and / or address, please notify the Credit Union immediately
- F) Witnesses must be members of the Credit Union

