Saltibus Co- operative Credit Union Joint Membership Application Form

Date:			A/C #	
under We d	rsigned, hereby apply for members o hereby agree to conform to all late Union policies, the By-laws, Reg	ship with the Saltibu aws, regulations and	s Co-operative Credit Union. I policies of the society enacted i	
	J	oint Account Type		
Joint Tenancy [] (Both parties must sign withdrawals/disbursements)			Tenancy in Common [] (Either party can sign)	
(1)	Date of Birth:		Sex:	-
	Relationship to each other:			
	Relationship to community:			
	Tel # (home)	(work)	(cell)	
	NIS No			
	Occupation:			
	Address:			
	Other Credit Union Membership	(state)		
	Why do you want to be a member		edit Union?	
(2)	Date of Birth:		Sex:	
	Relationship to each other:			
	Relationship to community:			

Tel # (home)	(wor	k)	(cell)				
NIS No							
Occupation:	Occupation:						
	Address:						
Other Credit Union Membership (state)							
Why do you want to be a member of the Saltibus Credit Union?							
Initial amount of shares purchased: BENEFICIARIES							
Nominees	Relation	Address	Percentage				
Signature of Applicants: (1)		(2)					
Witness (i)							
(Nan	ne, Block letters)	Signature	Date				
Witness (ii)(Nan	ne, Block letters)	Signature	Date				
Approved by:(Na	me, Block letters)	Signature	Title				
On behalf of the Board	of directors on this day:						
Recorded in the Registe	er of Members on:						