

Application for Joint Membership to the Pentecostal Credit Union

Membership number (for office use): _____

**Please complete in BLOCK CAPITALS and return to:
The Pentecostal Credit Union Ltd, 15 Oldridge Road, Balham, London SW12 8PL**

General details

First Applicant

Surname: _____ Mr/Mrs/Ms/Miss/Dr/Rev/Other: _____

Forename: _____

Home address: _____

_____ Postcode: _____

Home telephone: _____ Date of birth: _____

Email address: _____ Mobile No.: _____

Employer's name: _____

Employer's address: _____

_____ Postcode: _____

Department/location: _____ Date commenced: _____

Occupation: _____ Work telephone: _____

Joint Applicant

Surname: _____ Mr/Mrs/Ms/Miss/Dr/Rev/Other: _____

Forename: _____

Home address: _____

_____ Postcode: _____

Home telephone: _____ Date of birth: _____

Email address: _____ Mobile No.: _____

Employer's name: _____

Employer's address: _____

_____ Postcode: _____

Department/location: _____ Date commenced: _____

Occupation: _____ Work telephone: _____

Current/Previous Credit Union Membership

Please provide below membership details of any current or previous PCU account.

Not applicable

I have current or previous membership of PCU. Membership No. _____

Do you hold membership of any other Credit Union within Great Britain? If yes, please give details below:

Affiliated to (Church): _____

We hereby apply for membership of, and agree to abide by the rules of the Pentecostal Credit Union Ltd, and declare that the information given by us on this form is true and correct to the best of our knowledge and belief. False information may render our membership as void.

First applicant signature: _____ Date: _____

Joint applicant signature: _____ Date: _____

Please note that proof of identity is required, in the form of two passports and utility bills.