



POLLOK CREDIT UNION

APPLICATION FOR MEMBERSHIP

Join Pollok Credit Union today and start enjoying the benefits of being a member. We have a wide range of services which are aimed at meeting all of your financial needs, including the following:

- Low Cost Loans
- Savings Accounts
- Christmas Savings Account
- Budgeting Services
- Mortgages
- Junior Accounts
- 0% Interest Family Funeral Plan

Conditions of Membership

If you live or work in the 'G' postcode area, you are eligible to join. A £2 joining fee applies, and you must deposit at least £1 into your account.

Please see overleaf an application form for membership. Applications should be returned to one of our 2 branches:

Pollok Office

Pollok Credit Union
Silverburn Shopping Centre
Barrhead Rd
Glasgow
G53 6QR
Tel: 0141 880 7888

Shawlands Office

Pollok Credit Union
17 Kilmarnock Rd
Shawlands
Glasgow
G41 3YN
Tel: 0141 632 7847

Please bring with you 2 forms of identification; one form of photographic ID i.e. passport or driving license; and proof of applicants address i.e. utility bill no more than 3 months old.

Application for Membership

Member No.	
Processed by:	

Personal Details

Title _____ First Name(s) _____

Surname _____ Sex _____

Address _____

Area _____ Town _____ Postcode _____

Date of Birth ___/___/___ Nationality _____ NI Number _____

Home Tel _____ Mobile _____

No. Dependants _____ Email Address _____

Marital Status _____ Name of Spouse _____

Maiden Name _____ Mothers Maiden Name _____

Employment Details

Are you currently employed? Yes _____ No _____

Employer _____ Part time/ Full time _____

Occupation _____ Date Started Employment _____

Workplace _____

Work Address _____

Postcode _____ Work Tel. Number _____

Designation of Beneficiary

I, _____ being a member of Pollok Credit Union
(YOUR NAME)

Ltd, do hereby designate _____, _____
(NAME OF BENEFICIARY) (RELATIONSHIP TO YOU)

of _____
(BENEFICIARY'S FULL ADDRESS)

Postcode _____ Tel. Number _____

as my beneficiary to receive any and all sums of money paid under and by virtue of the terms and conditions of the Life Insurance Plan. I hereby reserve the right to change the beneficiary herein designated. The execution of a subsequent form shall constitute a change of beneficiary.

Signature _____ Date _____

Witness _____
(CREDIT UNION WORKER)

Additional Information

Contact Details

Please tick box if you do not wish to be contacted by the following means:

Email

Text Messaging

Third part contact i.e. next of kin

Joining Source

Where did you hear about Pollok Credit Union? i.e. newspaper, friend, event etc.

Please detail _____

I hereby apply for membership and agree to abide by the rules of Pollok Credit Union Ltd and declare information given by me on this form is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Equal Opportunities Monitoring Form

This monitoring form will help us to identify any groups of people that are under-represented by Pollok Credit Union and give us an idea of where further work may be needed in the future. Forms are anonymous and confidential. Completion of each section is **voluntary**, but your co-operation would be very much appreciated.

Please tick the relevant box in each of the sections below.

Section 1: Gender – are you

Female Male

Section 2: Age – are you

0-4 5-15 16-19 20-24 25-39 40-59 60 and over

Section 3: Ethnic Group (background or culture) – are you:

White Scottish		Other (South) Asian	
Other White British		Chinese	
White Irish		Caribbean	
Other White		African	
Indian		Black Scottish and other Black	
Pakistani		Mixed	
Bangladeshi		Other	

Section 4: Disability – do you consider yourself to have

No disability or impairment	<input type="checkbox"/>	A sensory impairment	<input type="checkbox"/>	A learning disability	<input type="checkbox"/>
A physical impairment	<input type="checkbox"/>	A mental health condition	<input type="checkbox"/>	Any other disability or impairment	<input type="checkbox"/>

Note: The disability categories used are broadly based on the definition of a disabled person in the Disability Discrimination Act 1995 as “someone with a physical or mental impairment which has a substantial or long term effect upon his/her ability to carry out normal day to day activities”.

Section 5: Postcode

Member No.	
Processed by:	