



**Barbados Workers' Union
Co-operative Credit Union Ltd
Cnr. Fairchild & Nelson Sts. Bridgetown, Barbados
Telephone 246-436-5691 Fax 246-430-9229**

**ONLINE
MEMBERSHIP APPLICATION FORM**

SURNAME FIRSTNAME MIDDLENAME

OF

ADDRESS COUNTRY

**Hereby make application for membership to the
Barbados Workers' Union Co-operative Credit Union Ltd.**

TELEPHONE (HOME) WORK MOBILE

EMAIL ADDRESS DATE OF BIRTH (mm/dd/yy)

LOCAL ADDRESS

NATIONAL REGISTRATION/SOCIAL SECURITY NUMBER

OCCUPATION EMPLOYER

NEXT Of KIN TELEPHONE

ADDRESS

JOINT ACCOUNT HOLDER

SURNAME FIRSTNAME MIDDLENAME

ADDRESS COUNTRY

TELEPHONE (HOME) WORK MOBILE

**I/We Agree to confirm to the By-Laws, thereof and to the
Co-operative Societies Act and Rules and any amendments thereof**