



0302 933966



**UPSA CO-OPERATIVE CREDIT UNION**  
**APPLICATION FOR MEMBERSHIP**

FORM NUMBER ..... ACCOUNT NUMBER: .....

STAFF I.D. NUMBER..... SEX: .....

NAME OF APPLICANT: .....

ARE YOU A CHILD/SPOUSE?       —       PARENT ACCT NO:       N/A      

TELEPHONE: .....

ADDRESS: .....

RESIDENCE: .....

OCCUPATION: ..... WORKPLACE: .....

I/WE hereby apply for membership in the above-named Credit Union and agree to be bound by the Bye Laws of the Society. I understand that to have a successful society, members must make regular savings, receive loans for good purposes only and make regular repayment of all loans taken.

I/WE have decided to start regular monthly savings of.....

(in words).....  
and a minimum share balance of GHC 100.00 (ONE HUNDRED GHANA CEDIS) with effect from the month of..... 20..... Enclosed herewith my entrance fee of GHC 20.00 (TWENTY GHANA CEDIS)

DATE OF BIRTH: ..... Signature/Thumbprint: .....

Date: ..... E-MAIL.....

**NOMINEE(S)**

In case of my death I desire that the entire savings standing to my credit be paid to the under-mentioned persons(s):

1. Name: ..... Relationship: .....

Address of Nominee.....

2. Name: ..... Relationship: .....

WITNESS: (Name and Address).....

Signature .....

TO BE RETURNED TO:  
THE MANAGER,  
UPSA CO-OPERATIVE CREDIT UNION  
P. O. BOX LG 149 LEGON