



## Application for Junior Membership

Membership No.

Full Name of Junior: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Attended: \_\_\_\_\_

I give permission for my child to join the credit union, and confirm that the information given by me on this form is true and correct to the best of my knowledge.

I give permission for Rainbow Saver Anglia Credit Union Ltd to confirm family details as evidence of ID and address

Full Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send correspondence and statements to my address, NOT the child's

My child is NOT allowed to make withdrawals without my prior consent