



THE ANTIGUA & BARBUDA POLICE COOPERATIVE CREDIT UNION
APPLICATION FORM FOR MEMBERS

Account #: _____

Date of Application ____/____/____
dd mm yy

Name of Applicant (please print): _____

Also Known As (AKA): _____

Place of Birth: _____ Nationality: _____ Date of Birth: ____/____/____
dd mm yy

Mailing and Residential Address: _____

Email Address: _____ Phone # (H): _____ Cell #: _____

Place of Work: _____ Occupation: _____

Work Address: _____ Telephone #: _____

Marital Status: _____ Name of Husband/Wife: _____

Next of Kin: _____ Relationship: _____

Expected amount of deposits to the account weekly/monthly: \$ _____ to \$ _____

Expected amount of withdrawals from the account weekly/monthly \$ _____ to \$ _____

Would you be willing to volunteer your service on the Board or a Committee if asked? Yes [] No []

I hereby make application for membership in the Antigua & Barbuda Police Cooperative Credit Union and agree to conform to its Rules and Amendments thereof.

Signature of Applicant

PCCU Representative

For Official Use Only

Herewith Please find the sum \$ _____ being as follows:

Permanent Shares _____
Entrance Fee _____
Pass Book _____
By Law _____
Deposit _____
Total \$ _____

Requirements for Membership:

- [] Job Letter
- [] Proof of Address
- [] 2 Government IDs
- [] Deposit of \$230.00 EC