

## CHRISTMAS CLUB MEMBERSHIP APPLICATION

Membership Number

Title \_\_\_\_\_ First Name(s) \_\_\_\_\_

Surname \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone - Home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

If you are an existing member of DFCU, please supply your membership no.

It helps us to know how you heard about DFCU. Please circle one of the following:

Friend's Recommendation

Internet Search

Advert

Newspaper Article

ABCUL website

Meeting/Presentation

Other (Please Specify) \_\_\_\_\_

**I apply for membership of DFCU's Savings Club, and understand that my savings will be automatically returned to me by cheque in late November each year, but will not be accessible before this time. I also understand that the life insurance policy which applies to standard share accounts does not apply to my savings in this account.**

**I declare that the information I have given on this form is true and correct to the best of my knowledge and belief.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY:

FORM CHECKED BY \_\_\_\_\_ CARD ISSUED (DATE) \_\_\_\_\_

ACCOUNT OPENED BY ASSISTANT SECRETARY (DATE/INITIAL) \_\_\_\_\_