

Place your company brand or logo here

Member no.

# Application to become a Member (Partnership)

Partnership name

TFN / ABN

Tax File Number will be made illegible once entered in to the system

or exemption

Collection of Tax File Numbers is authorised, and its use and disclosure are strictly regulated, by the law and the Privacy Act. Quotation is not compulsory but tax may be taken out of your interest if you do not quote your tax file number or exemption. For more details contact your nearest Tax Office.

Partnership address

  
  
State  Post code 

The Partnership's postal address is  the same as above, or  the address below:

  
State  Post code 

The Partnership's contact details

( ) Mobile   
( ) Email address

### Signing authority instructions

For all accounts opened under this Membership I/we require:

either to sign  both to sign  two to sign  Other

### Indemnity

The Applicants hereby indemnify --- Credit Union Limited and shall hold --- Credit Union Limited harmless against any claim that may arise from the operation of any account opened and conducted pursuant to this application within the terms of this authority.

This authority may only be varied or terminated where the Applicants are individuals, upon the signatures of all authorised signatories, or upon the death of one or more of the signatories, upon the signature of the executor or administrator of the deceased Applicant.

Where there are two or more Applicants they acknowledge that they are jointly and severally liable for all charges and debts due to --- Credit Union Limited in respect of the account or accounts opened and conducted pursuant to this application.

### Membership Declaration

Every year --- Credit Union prepares an Annual Financial Report which contains information on our financial position and performance, how efficiently we are being managed, and about any financial risks we may face. Please nominate whether you wish to receive a copy of the Annual Financial Report. Please note that you can change your choice at any time by notifying us in writing.

Please send the Primary Partner a copy of the --- Credit Union Annual Financial Report.

I/We apply for Membership of --- Credit Union Ltd and the purchase of one share at two dollars (\$2.00). I/We agree to be bound by the rules and any amendments thereof of --- Credit Union Ltd including the power of the Board to not admit me/us to Membership without assigning any reason. Furthermore, I/we agree to the Terms and Conditions which apply to the product(s) and/or services I/we have requested and acknowledge that my/our signature on this application signifies my acceptance of these Terms and Conditions and Fees and Charges.

I/We acknowledge I/we have had the benefits of --- Membership explained to me/us.

**All Partners must be at least non-shareholding Members of the Credit Union. Partners not currently Members must complete an Information Update form.**

Partner used as primary contact

Full name	Member/Signatory no.
Signature	Date / /
Full name	Member/Signatory no.
Signature	Date / /
Full name	Member/Signatory no.
Signature	Date / /

Second Partner/signatory

Third Partner/signatory

### Our staff will complete this section

ABN / TFN / exemption loaded  Share account opened

B4 block client not being a signatory   Activated

Document requirements met   Funded

Operator ID  Date / /