

GATESHEAD OFFICE
11 Interchange Centre, West
Street Gateshead NE8 1BH

DURHAM OFFICE
136 Edge Court
Durham DH1 2XG

Tel: 0330 055 3666

BIRTLEY OFFICE
Birtley Leisure Centre, Durham
Road Birtley, Co Durham DH3 2TB

NORTH SHIELDS OFFICE
72 Howard Street
North Shields NE30 1AF

Web: www.nefirstcu.co.uk



Membership application (student)

Title: _____ Surname: _____ Forename(s): _____

Address: _____

Postcode: _____ Date of Birth: _____

Banner ID: _____ National Insurance No: _____

Telephone Home: _____ Telephone Mobile: _____

E-mail: _____

Course code: _____

Department: _____

Name of college: _____

Declaration:

I hereby apply for membership of and agree to abide by the rules of NEFirst Credit Union Ltd. I declare that all the information given by me on this form is true to the best of my knowledge.

Signature: _____ Date: _____

Nomination of Beneficiary:

In the event of my death I hereby nominate the person named below to receive any benefits arising from my NEFirst Credit Union accounts.

Note: Nominations will be considered on death of the member but they are not legally binding

Beneficiary Name: _____

Beneficiary Address: _____

Relationship to you: _____

Your Signature: _____ Date: _____

Signature of Witness: _____ (must not be beneficiary named above)

For Office Use Only

Evidence of Name: _____ Evidence of Address: _____

Evidence D.O.B: _____ ID&V Search: _____

Verified by: _____ Date: _____

MEMBERSHIP NO: _____ P/P card issued _____