

RHAND Credit Union Co-operative Society Limited

57 – 61 Abercromby Street, Port of Spain, Trinidad W.I. Tel. 623-5920, 624-8708/9, 627-4263 Email: info@rhand.org.tt Website: www.rhand.org.tt

Registered No. 38 on 27th, March 1947

Membership Skills Development Programme 2018 Application Form

| Name (please print) | | | | | | Account # | |
|--|----------|-----|---------------|--|----------------------|-----------|--|
| Home Address | | | | | | | |
| Employer name | | | | | | | |
| Employer Address | | | | | | | |
| Sex | Sex | | email address | | | | |
| Telephone | | Hom | Home | | e Work | | |
| Name of course requested: | | | | | | | |
| 1. | | | | | | | |
| Suggestions for new course(s): | | | | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| Signature: | | | | | Date: | | |
| | | | | | | | |
| <u>FOR OFFICIAL USE</u> (To be completed by the Cashier's before the member's application is processed) | | | | | | | |
| Status: ACTIVE INACTIVE | | | | | _ | DELINQU | |
| Recei | eceipt # | | | | Signature of Cashier | | |
| Comments: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

N.B. ALL PAYMENTS ARE NON-REFUNDABLE.

Open to all Members in Good Standing

- 1. A member who has purchased the equivalent of a minimum of twelve (12) shares (\$60.00) during the preceding twelve-month (12) period
- 2. A member whose account **is/are NOT** in arrears