



UNIVERSITY OF LIBERIA CREDIT UNION COOPERATIVE SOCIETY
(ULCUCS)

Fendall Campus, Louisiana
P. O. Box 9020

Montserrado County, Liberia, West Africa

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MEMBERSHIP APPLICATION FORM

Two Passport
Size Photos

FORM/Membership #:

Date: _____

APPLICANT'S PERSONAL DETAILS:

Last Name First Name Middle Name

Cell Number: _____ Email: _____

Date of Birth: _____ National ID#: _____

Residential Address: _____

Marital Status: ☐ Married ☐ Unmarried ☐ Divorced Gender: ☐ Male ☐ Female

EMPLOYMENT DETAILS:

Payroll #: _____ Campus of Assignment: _____

Department/College of Assignment: _____

Employment Category at Time of Registration: ☐ Faculty ☐ Administrator ☐ Support Staff

Position Title: _____

Net/Take Home: USD _____ LRD _____ Bank Receiving your Salary: _____

Others, Please State: _____

Number of Shares: _____ Value: US\$ _____ Monthly Savings to ULCUCS: USD/LRD: _____

Note: Value per share is US\$100.00 while an applicant is encouraged to save at least 30% of monthly income with ULCUCS.

Next of Kin (Principal Beneficiary):

Name: _____ Gender: _____ Relationship: _____

Residential Address: _____

Cell #: _____

Other Beneficiary (ies):

No.	Name	Relationship	Contact
1.			
2.			
3.			
4.			
5.			
6.			
7.			

AUTHORIZATION TO DEDUCT ULCUCS MONTHLY SAVINGS

The Business and Finance Office (BFO) UL and or the Ministry of Finance and Development Planning (MFDP) are hereby authorized to kindly deduct from my monthly salary the sum of USD/LRD _____

In words: _____

and remit same to the University of Liberia Credit Union Cooperative Society (ULCUCS) Account effective _____20____.

I promised to abide by the rules and regulations governing the University of Liberia Credit Union Cooperative Society (ULCUCS) and related regulatory body to the best of my ability.

Signed: _____
Applicant

Date: _____

For Management use only!

Attested: _____ *Date:* _____
Manager/ULCUCS

Approved: _____ *Date:* _____
Chairperson/BoD/Advisory Team/ULCUCS