



Stevenage Credit Union

11 The Hyde
Stevenage
Herts. SG2 9SD

Tel: 01438 740844 | stevenage-scu@keme.co.uk

Membership
Number

Young Saver Junior Account

Childs First name:	
Childs Surname:	
Address:	
Postcode:	
Home Telephone No:	
Mobile Telephone No:	
Date of Birth	
Email Address	

I hereby apply for membership of Stevenage Credit Union Ltd.

Signature :	
Date:	

Parent/Guardian

I give permission for a Credit Union account to be opened for:

Childs Name: _____

I also give permission for the head teacher to confirm that he/she is a pupil attending this school. I give permission for any photos that are taken to be used in press releases/adverts or promotions of my child.

Parent/ Guardian Name:	
Parent/ Guardian Signature:	