



Italian Canadian Savings & Credit Union Limited

6-53 Woodbridge Avenue, Woodbridge, Ontario L4L 2S6 Tel: 905-264-4007 Fax: 905-264-9093 e-mail: mail@icsavings.ca

Membership Application

Surname	Given Names

Residence Address: _____
(Street Address)

_____ (City , Province) _____ (Postal Code)

Bus. Phone Number: _____ Home Phone: _____

Date of Birth: _____ Date of Birth: _____

SIN: _____ SIN: _____

Membership Agreement

I / we hereby apply for membership in Italian Canadian Savings & Credit Union Limited and agree to conform to the Credit Union's By-laws in force from time to time or any amendments thereof.

Signature

Signature

IC Savings Use:

Approved By: _____ Date: _____ Acct #: _____

