



Member Number	<input type="text"/>
Date	<input type="text"/>

Account Opening Does Not Confer Membership

Opening an account for an unincorporated association does **NOT** confer membership or membership benefits on the entity, its members or its committee.

Indemnity by Committee Members

In return for the Credit Union opening the account in the name of the unincorporated association, the members of the committee, whose details appear below, agree to indemnify the Credit Union for any amount by which the account is overdrawn.

➤ Association/Club's details

Name for Association/Club	<input type="text"/>				
Principal Place of Administration	<input type="text"/>				
Unit/Floor/Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb / Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Office Phone	<input type="text"/>	Fax number	<input type="text"/>	Email	<input type="text"/>

Disclosure of your Tax File Number (TFN) is optional. Declining to quote is not an offence

Club/Society Tax File Number	<input type="text"/>	Voluntary disclosure of your Tax File Number will prevent withholding tax from being deducted from any interest paid to your accounts.
Or TFN Exemption	<input type="text"/>	

Documentation to be produced and sighted with this application

<input type="checkbox"/>	current Rules of Association	or
<input type="checkbox"/>	written Constitution	or
<input type="checkbox"/>	If there are no Rules or written Constitution, the Minutes of a Meeting of the Association.	

➤ Details of Committee Members

1st Committee Member – specify position, eg Secretary	Member Number	<input type="text"/>			
<input type="text"/>	<small>*Any Signatory who is not a member of the Credit Union will have to complete an Individual's Membership Application Form and provide the required identification</small>				
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="text"/>
First Name	<input type="text"/>		Middle name	<input type="text"/>	
Surname	<input type="text"/>		Date of Birth	<input type="text"/>	
Residential address (mandatory)					
Unit/Floor/Street No	<input type="text"/>	Street Name	<input type="text"/>		
Suburb / Town	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Home	<input type="text"/>	Mobile	<input type="text"/>	Work	<input type="text"/>

Signature	Date	<input type="text"/>
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2nd Committee Member – specify position, eg Secretary

<input type="text"/>		Member Number	<input type="text"/>			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
First Name	<input type="text"/>		Middle name	<input type="text"/>		
Surname	<input type="text"/>		Date of Birth	<input type="text"/>		
Residential address (mandatory)						
Unit/Floor/Street No	<input type="checkbox"/>	Street Name	<input type="text"/>			
Suburb / Town	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>
Home	<input type="text"/>	Mobile	<input type="text"/>	Work	<input type="text"/>	
<input type="text"/>					Date	<input type="text"/>
Signature						

3rd Committee Member – specify position, eg Secretary

<input type="text"/>		Member Number	<input type="text"/>			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
First Name	<input type="text"/>		Middle name	<input type="text"/>		
Surname	<input type="text"/>		Date of Birth	<input type="text"/>		
Residential address (mandatory)						
Unit/Floor/Street No	<input type="checkbox"/>	Street Name	<input type="text"/>			
Suburb / Town	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>
Home	<input type="text"/>	Mobile	<input type="text"/>	Work	<input type="text"/>	
<input type="text"/>					Date	<input type="text"/>
Signature.....						

4th Committee Member – specify position, eg Secretary

<input type="text"/>		Member Number	<input type="text"/>			
Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>
First Name	<input type="text"/>		Middle name	<input type="text"/>		
Surname	<input type="text"/>		Date of Birth	<input type="text"/>		
Residential address (mandatory)						
Unit/Floor/Street No	<input type="checkbox"/>	Street Name	<input type="text"/>			
Suburb / Town	<input type="text"/>		State	<input type="text"/>	Postcode	<input type="text"/>
Home	<input type="text"/>	Mobile	<input type="text"/>	Work	<input type="text"/>	
<input type="text"/>					Date	<input type="text"/>
Signature.....						



Association's Authorisation to Open An Account

The Committee of the Unincorporated Association resolved that:

- the Association open an account with Queensland Teachers' Credit Union Limited;
- the persons listed above are the Association's office bearers who are authorised to open the account as trustees for the Association and to operate on the account;
- where there are 2 or more Signatories, the account signing authority will be as follows:

Any One to Sign

 Any Two to Sign

 All parties to Sign

I certify the above to be a true copy of the resolution.

Yours faithfully
Chair of the Committee

Signature.....

Date.....

Please print name



Selecting Your Accounts

Current Account

 Special Savings

 Cash Management

Note: Cheque access will require a separate form MEM017 Application for or Change to a Member's Cheque Scheme

Office Use Only:

Record of Identification Procedure for the unincorporated association

<input type="checkbox"/>	Customer Identification Procedure – Unincorporated Association carried out
<input type="checkbox"/>	Association's name confirmed from relevant document produced.

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Staff Member's Signature

.....
Date

Operator Number.....

Branch Number

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Checking Officer's Signature

Operator Number.....