



S.N.U. TRUST APPLICATION FOR MEMBERSHIP

**Please complete all sections and post (with your cheque) to:
SNU TRUST, BURTON END LODGE, STANSTED HALL, STANSTED CM24 8UD**

Please print clearly and complete all sections. Any Church, District Council, SNU Fund or Trust which is affiliated to the Spiritualists' National Union can become a member of the SNU Trust.

Please open a Deposit Account with the SNU Trust in the name of:

(Enter Name & Address of Church, DC, SNU Fund or Trust)

.....
.....
.....

We enclose a cheque for £250 made payable to 'SNU Trust' *(please tick)*
We understand that a minimum of £250 must be kept in this deposit account at all times *(please tick)*

If your address has changed within the last 3 years, please provide your previous address on the back page.

TREASURER *(all communication will be conducted through the Treasurer)*

Title:..... **First Name:** **Surname:**

Date of Birth **Male** **Female**

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... **Post Code**

Home Tel: **Mobile:**

Email:

I am happy to receive communications via email where possible

(Please tick to help us keep our postal costs down)

Are you a signatory on this account? Yes No

If yes, there is no need to fill in your details on the opposite page

Signature:

SNU TRUST REP *(if different from above)*

Title:..... **Full Name:**

Date of Birth **Male** **Female**

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... **Post Code**

Home Tel: **Mobile:**

Email:

Are you a signatory on this account? Yes No

If yes, there is no need to fill in your details on the opposite page

Signature:

This Application Form must be signed by two Officers of the Church/Organisation:
We certify that, to the best of our knowledge, all the details provided on these pages are correct

Signature: **Date:**

Signature: **Date:**

AUTHORISED SIGNATORIES

We recommend 3 Authorised Signatories. All transactions will require any two signatures. It is the responsibility of the SNU Trust Member to ensure that these records are kept up to date.

We would like to draw your attention to SNU Church Rule 22 (3)(b)

'No person may be appointed as a signatory to an account if he is a spouse, civil partner, close relative, business or personal partner or employee of any other signatory to that account.'

Title:..... First Name: Surname:

Date of Birth Male Female

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... Post Code

Home Tel: Mobile:

Email:

Signature:

Title:..... First Name: Surname:

Date of Birth Male Female

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... Post Code

Home Tel: Mobile:

Email:

Signature:

Title:..... First Name: Surname:

Date of Birth Male Female

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... Post Code

Home Tel: Mobile:

Email:

Signature:

Title:..... First Name: Surname:

Date of Birth Male Female

(Please note: Failure to provide your date of birth will result in this form being returned to you)

Address:

..... Post Code

Home Tel: Mobile:

Email:

Signature:

***If your address has changed in the last three years,
please enter your previous address below:***

Name:
Previous Address:
.....
..... Post Code:

Name:
Previous Address:
.....
..... Post Code:

Verification of Identity

As a Financial Services Provider, the SNU Trust is required by law to verify the identity of the persons who have signed this form. The Trust would like to make you aware that they will be performing identity checks via a secure on-line facility. Thank you for your co-operation.

For Office Use Only

SSheet	<input type="checkbox"/>	Date
ID	<input type="checkbox"/>	Date
DB	<input type="checkbox"/>	Date
Scan	<input type="checkbox"/>	Date