



MEMBER INFORMATION UPDATE

NAME:			
ADDRESS:			
MAILING ADDRESS: (IF DIFFERENT)			
EMAIL:		TRN #:	NIS #:
MOBILE PHONE:	HOME PHONE:	OFFICE PHONE:	
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Passport	<input type="checkbox"/> Voter's ID	<input type="checkbox"/> Birth Certificate
I.D. NUMBER:		EXPIRY DATE:	

REFERENCE #1 (Check One)

<input type="checkbox"/> Member of CU for 2 years or more	<input type="checkbox"/> Minister of Religion	<input type="checkbox"/> Principal
<input type="checkbox"/> Attorney-at-Law	<input type="checkbox"/> Justice of the Peace (JP)	<input type="checkbox"/> Medical Doctor
<input type="checkbox"/> CU Employee at Supervisory Level	<input type="checkbox"/> CU Board or Committee Member	<input type="checkbox"/> Police Officer (Inspector or higher)
NAME OF REFEREE:		JOB TITLE:
ADDRESS OF REFEREE:		
TELEPHONE: (MOBILE)	EMAIL:	

REFERENCE #2 (Check One)

<input type="checkbox"/> Member of CU for 2 years or more	<input type="checkbox"/> Minister of Religion	<input type="checkbox"/> Principal
<input type="checkbox"/> Attorney-at-Law	<input type="checkbox"/> Justice of the Peace (JP)	<input type="checkbox"/> Medical Doctor
<input type="checkbox"/> CU Employee at Supervisory Level	<input type="checkbox"/> CU Board or Committee Member	<input type="checkbox"/> Police Officer (Inspector or higher)
NAME OF REFEREE:		JOB TITLE:
ADDRESS OF REFEREE:		
TELEPHONE: (MOBILE)	EMAIL:	

By signing this document, I certify that the information provided is true and accurate to the best of my knowledge.

Member's Signature

Date

Name of Witness

Signature