

CANCELLATION OF CAR DRAW

PLEASE FILL IN BLOCK CAPITALS

First Name (Clearly Printed)	<input type="text"/>	Surname	<input type="text"/>
being a member of Public Service Credit Union Ltd. wish to cancel my Membership of the Car Draw.			
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of Birth	<input type="text"/>		
Telephone	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
Member Number	<input type="text"/>		

OFFICE USE ONLY	
Removed from Members Draw Date	<input type="text"/>
Staff Name (print)	<input type="text"/>
Staff Signature	<input type="text"/>