



THE INSURANCE INDUSTRY CREDIT UNION  
Co-operative Society Limited

30 Agra Street ▪ St. James  
T: 217-4428 (IICU) ▪ 217-8233 ▪ www.iicutt.com

## MEDICAL EMERGENCY SHARES ENROLLMENT FORM

I \_\_\_\_\_ hereby agree to pay to The Insurance Industry Credit Union Co-operative Society Limited, the sum of \_\_\_\_\_ (\$ \_\_\_\_\_) towards my Medical Emergency Shares.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's Address: \_\_\_\_\_  
\_\_\_\_\_

Member's Identification (*National ID, Driver's Permit, Passport*): \_\_\_\_\_

Member's Contact Numbers: \_\_\_\_\_  
Home Mobile Other

### (FOR IICU OFFICIAL USE ONLY)

Member Account No.: \_\_\_\_\_

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> Special Loan             | \$ _____ | <input type="checkbox"/> Credit Union Shares          | \$ _____ |
| <input type="checkbox"/> Special Loan             | \$ _____ | <input type="checkbox"/> Other Credit Union Shares    | \$ _____ |
| <input type="checkbox"/> Car Loan (New/Used)      | \$ _____ | <input type="checkbox"/> CUNA F.I.P. Plan _____       | \$ _____ |
| <input type="checkbox"/> Loan and Interest (LN01) | \$ _____ | <input type="checkbox"/> Junior Saver's A/C (1) _____ | \$ _____ |
| <input type="checkbox"/> Loan Insurance           | \$ _____ | <input type="checkbox"/> Junior Saver's A/C (2) _____ | \$ _____ |
| <input type="checkbox"/> Payment Protector        | \$ _____ | <input type="checkbox"/> Junior Saver's AC (3) _____  | \$ _____ |

Name: \_\_\_\_\_ (*IICU Staff member*)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_