



RHAND Credit Union Co-operative Society Limited

57 – 61 Abercromby Street, Port of Spain, Trinidad W.I. Tel. 623-5920, 624-8708/9, 627-4263
 Email: info@rhand.org.tt Website: www.rhand.org.tt
 Registered No. 38 on 27th, March 1947

Membership Skills Development Programme 2009 Membership Application Form

**REGISTRANTS MUST BE A MEMBER OF THE CREDIT UNION AND
 PAYING TO SHARES MONTHLY FOR AT LEAST THREE MONTHS**

Name (please print)				Account #	
Home Address					
Work Address					
Sex		E-Mail Address		Cell	
Telephone (home)			Telephone (work)		
Name of course requested:					
Please indicate your reason for participating in the MSDP Programme:					
Skills Enhancement		Income Generation		Pre-requisite for another Course	
Is this your first course at RHAND?				Yes	No
If No, state courses previously taken and the year					
Name of Course				Year	
Suggestions for new courses 1.			2.		
Suggestions for new venues 1.			2.		
Member's Signature:				Date:	
For Official Use (to be completed by the Cashier's before the member's application is processed).					
Member's Status:	Good Standing		Delinquent		Inactive
Receipt #			Signature of Cashier		
Data entered in Education Committee database <input type="checkbox"/>				Initials of Data Entry Clerk	

N.B. ALL PAYMENTS ARE NON-REFUNDABLE.