

APPLICATION FORM



Tralee
CREDIT UNION LTD.

Member No.

Name

Address

Telephone No.

Email

Any volunteer experience *(please give details of the organisation and the length of time with them)*

Qualifications *(if any)*

Why would you like to work as a volunteer with Tralee Credit Union?

What committee would you like to work on?

How many hours week/month are you able to give?

Please return completed form to

The Nominating Committee, Tralee Credit Union Ltd, 45-47 Ashe Street, Tralee, Co. Kerry.

For enquiries please email: nominate@traleecu.ie

WE **CU** DIFFERENTLY



traleecu.ie