

| APPLICATION FORM | | | |
|--|--|--------|--|
| Account No.: | | TRN: | |
| Name: | | | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Address: | | | |
| Date of birth: | | Age: | |
| School: | | | |
| Teacher's name: | | Grade: | |
| Teacher's signature: | | | |
| Parent/Guardian' Information | | | |
| Name: | | Tel #: | |
| Employer/Branch: | | | |
| Signature: | | Date: | |
| Witness to signature: | | Date: | |
| Name of Person recommending Applicant: | | | |

Upon reaching age 16 the child will be required to submit and sign documents necessary for membership. After the satisfactory completion of membership documentation, the child's Treasure Chest Solid Goal account will be converted to a member SHARE account.

Name and Signature of Director recommending Applicant

This application was approved and entered in the Minute Book at a meeting of the Board of Directors held _____ 20 _____

| | | | |
|-----------|--|-----------|--|
| President | | Secretary | |
|-----------|--|-----------|--|

Herewith, please find the sum of \$ _____ being as follows:

| | |
|--------------|----------|
| Entrance fee | \$ _____ |
| Deposit | \$ _____ |
| Total | \$ _____ |