



Member # _____

MEMBERSHIP APPLICATION

Copy of All Applicants Driver's Licenses (or Government Issued ID) along with a second form of identification is required.

» A total of \$10 (\$5 membership fee as well as \$5 to keep the account open) is also required to complete the application process «

Member/Owner: _____ Driver's License # _____
(Last) (First) (M.I.)

Social Security Number _____ Date of Birth: _____

Physical Address: _____
(Street) (City) (State) (Zip Code)

Phone #s: (_____) _____, (_____) _____, (_____) _____
(Home) (Work) (Cell)

Employer: _____

E-Mail Address: _____ Mother's Maiden Name: _____

Eligibility for Membership: (Please select one)

- Affiliated Company Name: _____ Phone: (_____) _____
 - Relative, Name: _____ Relationship: _____ Phone: (_____) _____
 - Relative Member #: _____ Referred by: _____
 - Other: _____
- Note: Account must be closed if applicant does not qualify for Field of Membership.

ACCOUNT FOR MINORS (if applicable)

Minor's Name(s) _____ Minor's Social Security # _____ - _____ - _____

("minor" as defined by the Uniform Transfers to Minors Act)

Minor's Date of Birth _____ Name of Custodian: _____

Signature of Custodian: _____

FOR CREDIT UNION USE ONLY

- Relative, in person • Called relative - Verified with (name): _____
- Verified with employer - Employer: _____

ACCOUNTS OPENED

- Regular Share or Savings • Basic Checking • Debit card, # of cards _____ • Other Accounts _____

CHECK PRODUCTS OFFERED (CIRCLE IF OFFERED AND ACCEPTED)

- Auto Loan • Visa Classic, Gold, Platinum • Home Equity Loan • Unsecured
- MSR Initials: _____



Your savings federally insured to at least \$250,000 & backed by the full faith and credit of the U.S. Government, National Credit Union Administration, a U.S. Government Agency.

continued...



MEMBERSHIP APPLICATION continued...

JOINT ACCOUNT AGREEMENT *(if applicable)*

Joint Owner Name: _____ Social Security # _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Drivers License #: _____

Phone #'s: (_____) _____, (_____) _____, (_____) _____
(Home) (Work) (Cell)

Joint Owner Name: _____ Social Security # _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Drivers License # _____

Phone #'s: (_____) _____, (_____) _____, (_____) _____
(Home) (Work) (Cell)

ACCOUNT DESIGNATIONS *(optional)*

Notarized Affidavit Required

- Payable on Death (POD)/Trust Account
- All Accounts Designate specific account(s): _____

Beneficiary/POD Payee: _____

Social Security # _____ - _____ - _____ Phone #: (_____) _____

Beneficiary/POD Payee: _____

Social Security # _____ - _____ - _____ Phone #: (_____) _____

SOCIAL SECURITY NUMBER (SSN) AND BACKUP WITHHOLDING CERTIFICATION

I certify, under penalties of perjury, that the Social Security Number (SSN) shown on this form is my correct identification number and that I am NOT, unless designated below, subject to backup withholding as a result of failure to report all dividends or interest or because the IRS has notified me that I am no longer subject to backup withholding.

- I am a United States person (including a U.S. resident alien) • Exempt
- I am subject to backup withholding
- I am not a United States citizen or resident (complete W-8)

AUTHORIZATION AND SSN CERTIFICATION

By signing below, you authorize us to check your account, verify eligibility and employment history, and obtain a credit report from third parties, including credit reporting agencies to verify your eligibility for any product or service. I/We pledge all savings against delinquent loans or unpaid fees that may be incurred. I/We agree to the terms and conditions of the Membership and all Account Agreements, Truth-In-Savings Rate and Fee Schedule, Funds Availability Policy and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreements and Disclosures applicable to the accounts and services requested. If an ATM/Debit card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Primary Account Holder: _____ Date: _____

Signature of Joint Account Holder: _____ Date: _____

Signature of Joint Account Holder: _____ Date: _____