

**APPLICATION
FOR MEMBERSHIP**



Member #: _____

<input type="radio"/> Individual <input type="radio"/> Joint with Survivorship <input type="radio"/> Other		Date _____	
Beneficiary Name:		Beneficiary SSN/TIN:	
Primary Owner:		Joint Owner 1:	
Birth Date:	SSN/TIN:	Birth Date:	SSN/TIN:
Address 1:		Address 1:	
Address 2:		Address 2:	
City/State/Zip:		City/State/Zip:	
Employer:	Position:	Employer:	Position:
Email:		Email:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Driver's License (ID)/State:		Driver's License (ID)/State:	
Mother's Maiden Name:		Mother's Maiden Name:	
Membership approved by:		Date:	

ACCOUNTS & SERVICES

<input type="radio"/> Primary Savings _____	<input type="radio"/> eChecking _____	<input type="radio"/> Other Savings _____
<input type="radio"/> Premium Checking _____	<input type="radio"/> Premier _____	<input type="radio"/> Debit Card _____
<input type="radio"/> Classic Checking _____	<input type="radio"/> Money Market _____	<input type="radio"/> _____

SIGNATURES

TIN and Backup Withholding Certification

By signing this application, I certify, under penalty of perjury that:
 I am a U.S. person (including a U.S. resident alien), the Social Security Number shown above is my/the correct number and I am NOT 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, or:

I am subject to backup withholding
 I am not a United States citizens or resident

By signing below and/or using your PIN, you agree to the Credit Union bylaws, the terms and conditions of each of the disclosures/agreements applicable to the accounts and services requested and additional accounts requested in the future. You authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency. The undersigned certify that the information provided on this Application is true and correct and that the terms on this Application apply to all accounts held by the undersigned at this Credit Union. The undersigned acknowledge receipt of a copy of the terms and conditions applicable to each listed account and the following disclosures: Truth in Savings, Electronic Fund Transfers, Funds Availability, Rate and Fee Schedule, and our Privacy Policy.

1. Member's Signature _____	Date _____
2. Joint Owner Signature _____	Date _____
3. Joint Owner Signature _____	Date _____
4. Joint Owner Signature _____	Date _____

Agents - The individuals signing above on line(s) _____ is signing as:

Power of Attorney - agreement on file
 Parent/Guardian

Joint Owner 2:		Joint Owner 3:	
Birth Date:	SSN/TIN:	Birth Date:	SSN/TIN:
Address 1:		Address 1:	
Address 2:		Address 2:	
City/State/Zip:		City/State/Zip:	
Employer:	Position:	Employer:	Position:
Email:		Email:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Driver's License (ID)/State:		Driver's License (ID)/State:	
Mother's Maiden Name:		Mother's Maiden Name:	
Joint Owner 4:		Joint Owner 5:	
Birth Date:	SSN/TIN:	Birth Date:	SSN/TIN:
Address 1:		Address 1:	
Address 2:		Address 2:	
City/State/Zip:		City/State/Zip:	
Employer:	Position:	Employer:	Position:
Email:		Email:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
Driver's License (ID)/State:		Driver's License (ID)/State:	
Mother's Maiden Name:		Mother's Maiden Name:	