

**APPLICATION
FOR MEMBERSHIP**



Member #:			
Owner Type:		Date	
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:	Own:	Employer:	Own:
Email:		Email:	
Cell Phone:	Home Phone:	Cell Phone:	Home Phone:
Driver's License (ID)/State:		Driver's License (ID)/State:	
Mother's Maiden Name:		Mother's Maiden Name:	
Membership approved by:			

ACCOUNTS & SERVICES

- | | | |
|--|--|---|
| <input type="radio"/> Primary Savings _____ | <input type="radio"/> Advantage _____ | <input type="radio"/> Teen Edge _____ |
| <input type="radio"/> IUK Cougar _____ | <input type="radio"/> 55 Plus Checking _____ | <input type="radio"/> Debit Card _____ |
| <input type="radio"/> Classic Checking _____ | <input type="radio"/> Money Market _____ | <input type="radio"/> Checking II _____ |

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:	Own:	Employer:	Own:
Email:		Email:	
Cell Phone:	Home Phone:	Cell Phone:	Home 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:	Own:	Employer:	Own:
Email:		Email:	
Cell Phone:	Home Phone:	Cell Phone:	Home Phone:
Driver's License (ID)/State:		Driver's License (ID)/State:	
Mother's Maiden Name:		Mother's Maiden Name:	