

MEMBERSHIP INFORMATION

Will there be a joint member on this application? No Yes - complete the JOINT APPLICANT section

Membership Eligibility:

I live in the community

I work in the community - Name of employer:

I am related to a member - Name of relative & relation:

Other:

PRIMARY APPLICANT

LAST NAME		FIRST NAME		MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER	HOME ADDRESS		
DRIVER'S LICENCE NUMBER/STATE	DRIVER'S LICENCE EXPIRATION DATE	CITY	STATE	ZIP
HOME PHONE	WORK PHONE/EXT.	OWN	RENT	LENGTH AT RESIDENCE
OTHER PHONE	MOTHER'S MAIDEN NAME	EMAIL ADDRESS		

EMPLOYMENT

NAME AND ADDRESS OF CURRENT EMPLOYER

PHONE	START DATE	JOB TITLE
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REFERENCE

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE

JOINT APPLICANT

LAST NAME		FIRST NAME		MI
DATE OF BIRTH	SOCIAL SECURITY NUMBER	HOME ADDRESS		
DRIVER'S LICENCE NUMBER/STATE	DRIVER'S LICENCE EXPIRATION DATE	CITY	STATE	ZIP
HOME PHONE	WORK PHONE/EXT.	OWN	RENT	LENGTH AT RESIDENCE
OTHER PHONE	MOTHER'S MAIDEN NAME	EMAIL ADDRESS		

EMPLOYMENT

NAME AND ADDRESS OF CURRENT EMPLOYER

PHONE	START DATE	JOB TITLE
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REFERENCE

NAME AND ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
	HOME PHONE

TIN CERTIFICATION & BACKUP WITHHOLDING INFORMATION

By completing and submitting this document, I certify, under penalties of perjury (1) that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct number; (2) that I am NOT, unless designated below, subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding and; (3) that I am a U.S. person (including a U.S. resident alien).

I am subject to backup withholding

Exempt

I am not a United States Citizen (complete W-8 form)

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(S)

By completing and submitting this document, I/we agree to be bound by the terms and conditions of the credit union's Terms and Conditions of Your Account, Rate and Fee Schedule, Truth-In-Savings Disclosure, Funds Availability Disclosure and Electronic Funds Transfer Disclosure Statement and Agreement.

PRIMARY APPLICANT'S SIGNATURE

DATE

JOINT APPLICANT'S SIGNATURE

DATE