



MEMBERSHIP APPLICATION

PERSONAL INFORMATION

Name: _____ Joint Member Name: _____

Address: _____

City, State, Zip Code: _____

Birth Date: _____ Joint Birth Date: _____

Social Security Number: _____ Joint Social Security Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Employer: _____

ACCOUNT TYPE

_____ Single (This account is owned by the party named hereon.)

_____ Single with P.O.D. Beneficiaries (This account is owned by the parties named hereon. Upon death of such party, ownership passes to POD Beneficiary (ies).)

_____ Joint (This account is jointly owned by the parties named hereon. Upon the death of any of them, ownership passes to the survivor.)

_____ Joint with P.O.D. Beneficiaries (This account is jointly owned by the parties named hereon. Upon the death of any of them, ownership passes to the survivor. Upon the deaths of all such parties, ownership passes to the P.O.D. Beneficiary (ies).)

Full Legal Name of Beneficiary _____ SSN or Relationship: _____

Full Legal Name of Beneficiary _____ SSN or Relationship: _____

Full Legal Name of Beneficiary _____ SSN or Relationship: _____

I/We understand and agree that payment of any withdrawal shall be subject to the bylaws of the Credit Union, any restrictions or limitations imposed by applicable law, and these and other terms and conditions disclosed for this account, as amended from time to time. I/We grant the Credit Union a security interest in this account to secure all obligations any of us may owe to the Credit Union, now or in the future, and consent to the Credit Union applying any amount held in the account to the debt(s) to Credit Union of any party (ies) to the account. This account is nontransferable and shall earn dividends as determined by the policy or the Credit Union Management. Any P.O.D. or joint account survivorship feature of this account shall apply without regard to any requirement to survive by any specific period.

Taxpayer Identification Number & Certification: Under penalties of perjury, I certify that (1) the number above is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholdings, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) The IRS has notified me that I am no longer subject to backup withholdings, and (3) I am a U.S. citizen or other U.S. person (defined in the instructions). (You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.)

Signature of Member: _____ Date: _____

Signature of Joint Member: _____ Date: _____

CU Staff Only:

Date Opened: _____ Account Number: _____ Rep: _____ Eligibility: _____