

Membership Application

New Update: Reason: _____ Date: _____

Important Information About Opening a New Account. To help our government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person when opening a new account. What does this mean for you? When you open a new account, we will ask your name, address, date of birth, and other information that will help us to identify you. We may also ask to see some type of positive identification.

MEMBER/OWNER INFORMATION

Member No.	Designate for ownership of the accounts and responsibility for the services requested:
Member/Owner Name: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Trust <input type="checkbox"/> POD <input type="checkbox"/> Estate <input type="checkbox"/> Custodian <input type="checkbox"/> SS/SSI
Physical Address: _____	<input type="checkbox"/> Joint Account with _____ <input type="checkbox"/> Veteran Benefit <input type="checkbox"/> Coverdell <input type="checkbox"/> UTMA Rights of Survivorship
City/State/Zip: _____	SSN/TIN: _____
Country: _____	ID Type (Driver's Lic.): _____
Mailing Address: _____	ID Number (License No.): _____
City/State/Zip: _____	ID Issuing State: _____ ID Issuing Date: _____
Country: _____	ID Exp. Date: _____ Date of Birth: _____
Home Phone: _____	Mother's Maiden Name: _____
Work Phone: _____	Membership Eligibility: _____
Cell Phone: _____	
E-Mail: _____	
Employer: _____	

ACCOUNT OWNERSHIP - Please complete this section if you desire additional signers/owners on your Membership.

Designate the ownership of the accounts and responsibility for the services requested.

Name:	SSN/TIN:
Physical Address:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Country:	ID Issuing State: ID Issuing Date:
Home Phone:	ID Exp. Date: Date of Birth:
Work Phone: Cell Phone:	Mother's Maiden Name:
E-mail:	
Name:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Country:	ID Issuing State: ID Issuing Date:
Home Phone:	ID Exp. Date: Date of Birth:
Work Phone: Cell Phone:	Mother's Maiden Name:
E-mail:	
Name:	SSN/TIN:
Street:	ID Type (Driver's Lic.):
City/State/Zip:	ID Number (License No.):
Country:	ID Issuing State: ID Issuing Date:
Home Phone:	ID Exp. Date: Date of Birth:
Work Phone: Cell Phone:	Mother's Maiden Name:
E-mail:	

ACCOUNT DESIGNATIONS - Please complete this section if you desire any beneficiary or successor on your membership.

<input type="checkbox"/> Beneficiary (Individual, Joint or POD Account)	<input type="checkbox"/> Successor Trustee (Trust Accounts)	<input type="checkbox"/> Successor Custodian (UTMA Accounts)
Name: _____	Name: _____	
Relationship: _____	Relationship: _____	
DOB: _____	DOB: _____	
Street: _____	Street: _____	
City/State/Zip: _____	City/State/Zip: _____	

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalties of perjury, I certify that:

(1) *The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and*

(2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, 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 withholding, and*

(3) *I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).*

Certification Instructions. 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. Cross out item 3 and complete a W-8 BEN if you are not a U.S. person.

ACKNOWLEDGMENTS

Credit Report Authorization: By signing below you authorize the Credit Union to check your employment and credit history and to obtain credit reports in connection with any request for membership or credit, including any update, increase, renewal, extension or collection of credit you receive. If you request, the credit union will tell you the name and address of any credit bureau from which it received a credit report on you. The Credit Union will rely on information you have provided. By signing below you affirm that all information on this document or that has been provided elsewhere is correct.

For Account and/or Account Service Requests: By signing below you acknowledge that you have received and agree to the terms and conditions contained in the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Fund Transfers Agreement and Disclosure, Privacy Notice, and to any amendments to these documents that the Credit Union may make from time to time.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X	
SIGNATURE	DATE
X	
SIGNATURE	DATE

X	
SIGNATURE	DATE
X	
SIGNATURE	DATE