



Membership Application

IMPORTANT ACCOUNT OPENING INFORMATION: To help the government fight the funding of terrorism and money laundering activities, Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Qualifying Membership Eligibility:

Company Name & Department: _____ Family Member of: _____

Applicant Requests All Electronic Services Available, Except Those Checked Below:

I do not want to enroll in Phone Banking (automated telephone access) I do not want a Visa Debit Card to access my checking account

I do not want to enroll in Online Banking (including Bill Payment) I do not want eStatements, I prefer to receive paper statements

Primary Member Information:

First Name: _____ Middle Name: _____ Last Name: _____

TIN: _____ Birth Date (mm/dd/yy): _____ Occupation/Title: _____

ID Type & Issuer: _____ ID Number: _____ Issue Date: _____ Expiration Date: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____
Current Physical Address City State Zip

Mailing Address (if different): _____
Mailing Address City State Zip

I am a senior foreign political figure or a close associate of a senior foreign political figure. Yes No Password: _____

Joint Signer Information:

First Name: _____ Middle Name: _____ Last Name: _____

TIN: _____ Birth Date (mm/dd/yy): _____ Occupation/Title: _____

ID Type & Issuer: _____ ID Number: _____ Issue Date: _____ Expiration Date: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____
Current Physical Address City State Zip

Mailing Address (if different): _____
Mailing Address City State Zip

I am a senior foreign political figure or a close associate of a senior foreign political figure. Yes No Password: _____

I wish to Open the Following Accounts:

Share(Savings) Share Draft(Checking) Money Market Share Certificate

IRA (Individual Retirement Account) HSA (Health Savings Account) Other: _____

My Accounts Shall Be:

Individual Joint With a Pay-on-Death Provision

Pay-on-Death Provision

If I make a pay-on-death (P.O.D.) beneficiary designation, I understand and agree that all sums are payable, by request, to the account owner during his/her lifetime and, upon his/her death, to the designated P.O.D. payee(s) or, if the Account is jointly owned, to one or more account owners during their lives and, on the death of all of them, to one or more payees then surviving in equal and individual shares, unless designated otherwise below. As between P.O.D. payees, there is no right of survivorship. A pay-on-death designation set forth in this Signature Card cannot be changed by a will.

(1) Payee Last Name:	Payee First Name:	Payee Middle Initial:	
Street:	City:	State:	ZIP:
Social Security No.:	Relationship:	Distribution %:	
(2) Payee Last Name:	Payee First Name:	Payee Middle Initial:	
Street:	City:	State:	ZIP:
Social Security No.:	Relationship:	Distribution %:	

Membership Consent and Account Signatures:

1. If I am not currently a member, I hereby make application for membership in the Credit Union (unless otherwise indicated below). Each applicant for membership certifies that he or she is within the Credit Union's field of membership.

Joint Signer – Check Box to Opt-Out of Credit Union Membership:

I do not wish to become a member of the Credit Union or I am ineligible for Credit Union membership. **Initial here:** _____

Important Note: Shares may be issued in joint tenancy with the right of survivorship with any persons designated by the Credit Union member, but no joint tenant shall be permitted to vote, obtain loans, or hold office, unless he or she is within the field of membership and is a qualified member.

2. By signing below, I agree to conform to the Credit Union's bylaws as well as all applicable terms and conditions set forth in the Account Agreement and Truth-in-Savings Disclosure and the Electronic Funds Transfer Disclosure and Agreement (if applicable), receipt of which is hereby acknowledged and which are incorporated by this reference. I understand and agree that this Signature Card shall govern all accounts ("Accounts") opened under the Member Number set forth above. I authorize you to gather whatever credit, account, and employment information you consider appropriate from time to time. I understand that this will assist you, for example, in determining my initial and ongoing eligibility for my Accounts and/or in connection with making future credit opportunities available to me. I authorize you to give information concerning your credit experience with me to others. I agree that you may retain this Signature Card as well as all other information you receive.

3. Substitute W9 Taxpayer ID Certification:

I, Primary Member, declares, under penalty of perjury, that (a) I am a U.S. Person (including resident alien), (b) the taxpayer ID number provided on this application above is correct and (c) UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding because (1) I have never been notified by the IRS that I am subject to backup withholding due to failure to report dividends or interest or (2) I have been notified by the IRS that I am no longer subject to backup withholding.

I am subject to backup withholding I am exempt from backup withholding

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

Primary Member: _____
 Signature _____ Date _____

Joint Signer: _____
 Signature _____ Date _____

FOR CREDIT UNION USE ONLY

Member Number: _____ New Update Existing (supersedes previous Card dated: _____)
 Opened By: _____ Date Opened: _____ Branch: _____
 Primary ID Verified?: Yes No Joint Signer ID Verified?: Yes No
 Primary ChexSystems Pass: Yes No OFAC Pass: Yes No Joint ChexSystems Pass: Yes No OFAC Pass: Yes No
 Resolution of Any Substantive Discrepancy: _____
 Audited By: _____ Date Audited: _____

