

Membership Application

Request Date	
Social Security Number	
First Name	
Middle Name	
Last Name	
E-mail Address	
Daytime Phone Number	
Home Phone Number	
Street Address	
Street Address Apt/Suite	
City	
State	
Zip	
Date of Birth	
Driver's License Number	
Employer	
Work Phone Number	
Name of Supervisor	
Payable on Death	

Authorization Notice: By submitting this application to the credit union, you certify that everything you have stated in this application is correct to the best of your knowledge. You understand that the credit union will rely on the representations you make in this application when deciding whether to grant membership. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Federal Credit Unions insured by the National Credit Union Administration.

IMPORTANT INFORMATION: PROCEDURES FOR OPENING A NEW ACCOUNT:
To help the 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 who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.