

# Membership Application

Membership Application and Ownership Information			
Name		Member No.	
Street Address		SSN/TIN	
City, State, Zip		Driver's license	
Home phone		State & Exp.	
Work phone		Birthdate	
Mobile phone		Password*	
Email		Password hint*	
Employer name		Eligibility**	
		Sponsor or NA	

\*To protect your funds, if you call the credit union, we will ask for this password. If you do not recall it, we will say the password hint. Do not share your password or password hint.

\*\*Review our field of membership and indicate your eligibility to join the credit union. If you are a family member, please list the family or household member who is in the primary field of membership in the sponsor box. If you are in the primary field of membership, put NA in that box.

Account Ownership
Designate the ownership of the accounts and responsibility for the services requests <input type="checkbox"/> Individual <input type="checkbox"/> Joint account with right of survivorship <input type="checkbox"/> Joint Account without right of survivorship

Joint Owner 1		SSN/TIN	
Street Address		Driver's lic./State&exp.	
City, State, Zip		Birthdate	
Home phone		Password*	
Work phone		Password hint*	
Mobile phone		Email	
Joint Owner 2		SSN/TIN	
Street Address		Driver's lic./State&exp.	
City, State, Zip		Birthdate	
Home phone		Password*	
Work phone		Password hint*	
Mobile phone		Email	
Joint Owner 3		SSN/TIN	
Street Address		Driver's lic./State&exp.	
City, State, Zip		Birthdate	
Home phone		Password*	
Work phone		Password hint*	
Mobile phone		Email	

\*To protect your funds, if you call the credit union, we will ask for this password. If you do not recall it, we will say the password hint. Do not share your password or password hint.

Account Designations
<input type="checkbox"/> <b>Payable on Death (POD)/Trust Account</b>

Beneficiary 1/POD Payee: _____	Beneficiary 2/POD Payee: _____
SSN/TIN : _____	SSN/TIN : _____
Street: _____	Street: _____
City/State/Zip: _____	City/State/Zip: _____

**UTMA/UGMA** (as custodian for \_\_\_\_\_)(minor) under the Uniform Transfers/Gifts to Minors Account.  
 Minor's SSN/TIN: \_\_\_\_\_

