

Membership Application

Account: _____

New	Add/Change Joint Owner	Replacement
Name Change: _____		Other: _____

ACCOUNT HOLDER INFORMATION (Please Print)

Primary Member

Name: First MI Last

Employment Information

Employer Name

Social Security Number

Address

Driver's License Number State Date of Birth Occupation Years Months Employed

Street Address: City State Zip Code

Mother's Maiden Name Home Phone Number Work Phone Number Extension

Joint Member

Name: First MI Last

Employment Information

Employer Name

Social Security Number

Address

Driver's License Number State Date of Birth Occupation Years Months Employed

Street Address: City State Zip Code

Mother's Maiden Name Home Phone Number Work Phone Number Extension

How Account Is To Be Held: (Please Check One)

- | | |
|---|--|
| <ul style="list-style-type: none"> Individual Joint (with right of survivorship) Sole Proprietorship* Custodial | <ul style="list-style-type: none"> Corporate, Partnership or Association* Living Trust* (See separate application and reverse) Trust for Named Beneficiary* (See reverse) Uniform Transfers to Minors Act* (See reverse) |
|---|--|

* Payable on Death (POD) option and overdraft coverage do not apply to this accounts.

POD (payable on death) Option: Upon the death of the individual owner, or if held in joint tenancy upon death of the survivor, funds in the accounts covered by this application will be payable to the individuals named below. If no percentages are shown, distribution will default to equal division.

Name	Address	Pro Rate Share

OVERDRAFT COVERAGE OPTION: I authorize the Credit Union to cover overdrafts in my checking/savings account by automatically transferring the necessary funds from my Line of Credit Loan(s) or membership savings.

Personal Line of Credit

Membership Share Savings

I am interested in the following services:

ATM Access	Personal Line of Credit	Credit Card	Payroll Deductions
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CERTIFICATION: Under penalty of perjury, I certify that the information provided on this form is true, correct and complete, and I am not subject to backup withholding.

SIGNATURE(S):

X _____
Primary Member Signature

X _____
First Joint Member Signature

For Office Use Only

This application approved by: _____

Membership Officer

Date