



# APPLICATION FOR MEMBERSHIP

New Membership  Updated Membership

Membership Number: \_\_\_\_\_

**USA PATRIOT ACT NOTICE:** 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. 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 will also ask to see your driver's license or other identifying documents.

## PRIMARY MEMBER (PLEASE PRINT - ALL ITEMS MUST BE COMPLETED)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 SSN/Tax ID \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Photo ID Type \_\_\_\_\_ ID Number \_\_\_\_\_ Issuer \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing Address (if different from physical) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Preferred Cell Phone \_\_\_\_\_  Preferred Email Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer  Self-Employed

## I AM ELIGIBLE FOR MEMBERSHIP BASED ON THE FOLLOWING

Union and Local Number: \_\_\_\_\_ Union ID: \_\_\_\_\_  
 I am eligible through: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## JOINT OWNER (PLEASE PRINT - ALL ITEMS MUST BE COMPLETED)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
 SSN/Tax ID \_\_\_\_\_ Date of Birth \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Photo ID Type \_\_\_\_\_ ID Number \_\_\_\_\_ Issuer \_\_\_\_\_ Issue Date \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Mailing Address (if different from physical) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Home Phone \_\_\_\_\_  Preferred Cell Phone \_\_\_\_\_  Preferred Email Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer  Self-Employed

## BENEFICIARIES (ALL INFORMATION MUST BE COMPLETE FOR BENEFICIARIES TO BE ADDED TO MEMBERSHIP. ONLY ADDRESS IS OPTIONAL.)

_____ %	First and Last Name	Address (Street, City, State, ZIP)	SSN/TAX ID	Date of Birth
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