

# Seaport Federal Credit Union Membership Application

5080 McLester Street

Elizabeth, New Jersey 07201

(800) 526-6991 Fax (908) 558-6482

- Please complete each line of Section I and II for a single and/or joint account.
- Proof of eligibility is required before any account can be opened.
- Complete application and with a minimum deposit of one hundred dollar only (\$100.00) for each new savings account.

## Primary Membership Application

I. Please check the additional services you request:  Basic Checking Account  ATM/VOICE-24/Online Banking

Last Name: First Name: Middle Initial: Date of Birth:

Street: Home Telephone: Work Telephone:

City: State: Zip: Driver's License Number: Social Security Number:

Eligibility: E-mail Address: Mother's Maiden Name:

## Joint Membership Application

Last Name: First Name: Middle Initial: Date of Birth:

Street: City: State: Zip: Driver's License Number & Exp.:

Home Telephone: Work Telephone: Social Security Number: Relationship to Primary Member: Mother's Maiden Name: