

Membership Application

ACCOUNT TYPE

All of the terms, conditions, form of account ownership, account selection and other information indicated on this card apply to all of the accounts listed below unless the credit union is notified in writing of a change.

Suffix*	Suffix*
<input type="checkbox"/> Share/ Savings _____	<input type="checkbox"/> Money Market _____
<input type="checkbox"/> Share Draft/Checking _____	<input type="checkbox"/> Living Trust _____
<input type="checkbox"/> Share Certificates _____	<input type="checkbox"/> Other _____

*The account number for each of the accounts listed above consists of the suffix added to the end of the Member Number listed below. If this card applies to more than one account of the same type, more than one suffix will be listed for that account type.

MEMBER APPLICATION AND OWNERSHIP INFORMATION

Member/Owner _____	Member No. _____
Street _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Employment _____
Work Phone () _____	Water Front # _____
E-mail _____	(if applicable)
Eligibility for Membership _____	

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility of the services requested.

<input type="checkbox"/> Joint Account with Survivorship	<input type="checkbox"/> Joint Account without Survivorship
Joint Owner _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	Email _____
Work Phone () _____	

Joint Owner _____	SSN/TIN _____
City/State/Zip _____	Driver's Lic. No. _____
Home Phone () _____	Date of Birth _____
<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted	
Work Phone () _____	

ACCOUNT SERVICES

- Payroll Deduction/Direct Deposit _____ ATM Card _____
 VISA Credit _____ Audio Response _____
 PC Access/Internet Banking _____ Other _____

ACCOUNT DESIGNATIONS

- Payable on Death (POD)/Trust Account** All accounts Designate specific account(s) _____
Beneficiary/POD Payee _____ Beneficiary/POD Payee _____
Street _____ Street _____
City/State/Zip _____ City/State/Zip _____
 All accounts Designate specific account(s) _____
 UTTMA/UGMA (as custodian for _____ (minor) under the
Uniform Transfers/Gifts to Minors Act) Minor's TIN/SSN _____
 Other _____ See Account Authorization Card

FOR CREDIT UNION USE ONLY

See Account Change Card

See Insurance Beneficiary Card

Date of Membership _____ Opened/App'd by _____ Member Verification _____

Credit Report

ATM Card/PIN

Audio Response

PC Access/Internet Banking

SSN/TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

Under penalty of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number,**
- (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and**
- (3) I am a U.S. person (including a U.S. resident alien).**

Certification Instructions: Cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross Item 3 and complete a W-8 BEN if you are not a U.S. person.

AUTHORIZATION

By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. **The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X Signature _____ Date _____ **X** Signature _____ Date _____

X Signature _____ Date _____ **X** Signature _____ Date _____