



New Member Application

Acct Number: _____

Date: _____

Applicant Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____ (no PO Box)

Country of Citizenship: _____

Years at this Address: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ Date of Birth: _____

How Did You Hear About Us?: _____

Mother's Maiden Name/Security Code: _____

Place of Employment: _____

Date Employed: _____ Employer Phone: _____

Previous Address: _____

Email Address: _____

This Section Must Be Completed In-Person in One of Our Branches

I certify that the information provided is my true and correct information.

Signed: _____ Date: _____

State of: _____, Country of: _____

The person named above personally came before me and signed on this _____ day of _____, 20_____.

My Commission Expires:

Notary Signature

For Credit Union Use Only

Documentary Verification

Type of ID: _____

Number: _____

Expiration: _____

Notes:

Non Documentary Verification

Credit Report

Member contact by ___ phone ___ mail

Other: _____

Date: _____

Date Verification Completed: _____

OFAC Checked: _____

Verification completed by: _____

Notes: