

MEMBERSHIP APPLICATION

Member No. _____

Name of Applicant _____
Last First Middle

The above person or entity hereby applies for membership in and if accepted agrees to conform to the bylaws and any amendments thereto of _____
Credit Union.

Applicant's Address _____
Phone _____
City State Zip code

Date of Birth _____ Social Security No. or EIN _____

City/State of Birth _____ Security Code _____

Employer _____

Driver's License # _____ E-mail _____

X _____
Signature of Applicant or Authorized Person(s) of Applicant Date

Verification of Membership Eligibility

Membership Application: Approved on _____ Rejected on _____
Considered by: Board of Directors Membership Officer

Basis for Membership approval (check appropriate box):

- | | |
|---|-------------------------------|
| Resides within community | Child of qualified person |
| Employed within community | Stepchild of qualified person |
| Employee of sponsor (select employee group) | Parent of qualified person |
| Business location | Other _____ |
| Spouse of qualified person | |

Reason for rejection: _____

Signature of Secretary of Board of Directors or Membership Officer Date