

Credit Union

Member No. _____

CREDIT UNION MEMBERSHIP APPLICATION

Applicant _____

Phone _____

Address _____

City _____

State _____

Zip _____

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

Date of Birth _____

Taxpayer Identification No. _____

Driver's License No. or I.D. _____

State _____

Issued _____

City/State of Birth _____

Security Code _____

Email _____

Employer _____

Phone _____

Employer Address _____

City _____

State _____

Zip _____

X

Signature of Applicant (or Authorized Person) _____

Title _____

Date _____

Verification of Membership Eligibility
(For credit union use only)**Individual's basis for membership:**

- ☐ Resides within community.
- ☐ Employed within community.
- ☐ Employee of sponsor / **SEG:** _____
- ☐ Member of organization listed in FOM: _____
- ☐ Member of immediate family of qualified person: _____
- ☐ Other: _____

Organization/Association's basis for membership:

- ☐ Majority of directors, owners, or members eligible for membership.
- ☐ Business location within geographic limits of CU field of membership.
- ☐ Public depositor (governmental unit).
- ☐ Other: _____

Membership Application: ☐ Approved.☐ Rejected (specify reason): _____**BY: X**

CU Signature _____

Title _____

Date _____