



# Membership Application

Thank you for choosing to be part of Members First Credit Union. **Please fill out the information below and bring this application to any one of our locations. Be sure to bring your driver's license or state issued ID and Social Security Card, along with your opening deposit.** A representative from New Account Services will assist you with your financial needs.

## Primary Owner

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Dr. Lic/ID# \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Eligibility:  Live  Work  Worship  Attend School in \_\_\_\_\_ County  
 Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

## Joint Owner

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Dr. Lic/ID# \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Eligibility:  Live  Work  Worship  Attend School in \_\_\_\_\_ County  
 Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

## Joint Owner

Full Name \_\_\_\_\_ SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ E-Mail \_\_\_\_\_  
 Dr. Lic/ID# \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
 Eligibility:  Live  Work  Worship  Attend School in \_\_\_\_\_ County  
 Relative of \_\_\_\_\_ Relationship \_\_\_\_\_

## Beneficiary Designation

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

## Additional Products and Services that you are interested in:

- |  |   |
|--|---|
| <input type="checkbox"/> Checking Account            | <input type="checkbox"/> <i>First</i> Call 24-Hour Telephone Teller |
| <input type="checkbox"/> ATM Card                    | <input type="checkbox"/> First@HOME Online Banking                  |
| <input type="checkbox"/> MasterMoney™ ATM/Debit Card | <input type="checkbox"/> Online Bill Pay                            |
| <input type="checkbox"/> Overdraft Protection        | <input type="checkbox"/> Investment Products                        |

## Signatures

By signing below, I (We) agree to the terms and acknowledge receipt of the Membership and Account Agreement which includes disclosures on Terms and Conditions of your account, Electronic Funds Transfers and Funds Availability. I (We) also agree to the terms and acknowledge receipt of the Truth-In-Savings Rate and Fee Schedule. I authorize Members First Credit Union to obtain a copy of my current credit report.

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

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Reminder

**After filling out this information, bring your driver's license or state issued ID and Social Security Card, along with your opening deposit in to any of our locations.**