

MEMBERSHIP REQUEST FORM

Social Security #	<input type="text"/>	Church Name	<input type="text"/>
Last Name	<input type="text"/>	Date	<input type="text"/>
First Name	<input type="text"/>	MI	<input type="text"/>
Street Address	<input type="text"/>	State	<input type="text"/>
City	<input type="text"/>	Zip	<input type="text"/>
Work Phone	<input type="text"/>	E-mail	<input type="text"/>
Home Phone	<input type="text"/>	Date of Birth	<input type="text"/>
Cell Phone	<input type="text"/>	Employer's Name	<input type="text"/>
Employer's Phone	<input type="text"/>		

When we receive your request for membership, we will send you a membership packet that will include a membership application and any pertinent credit union disclosure information. *(Please send a copy of your drivers licence or other acceptable picture ID and \$25 for an opening share balance along with application.)*

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT. To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We also may ask to see your driver's license or other identifying documents.

Signature

Date

You Must Print, Sign, and Return to Credit Union
(by mail, fax or in person)
A signature is needed to complete the process

[Print](#)