



MEMBERSHIP APPLICATION

ACCOUNT INFORMATION		
Account Number	Account Type	Eligibility

TYPE OF ACCOUNT(S)/SERVICES OPENED			
SAVINGS ACCOUNTS: <input type="checkbox"/> MEMBERSHIP SHARE <input type="checkbox"/> MONEY MARKET <input type="checkbox"/> IT'S MY MONEY <input type="checkbox"/> MONEY MARKET PLUS <input type="checkbox"/> RICO <input type="checkbox"/> OTHER <input type="checkbox"/> HOLIDAY CLUB <input type="checkbox"/> IRA	CERTIFICATES: <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> IRA CERTIFICATE <input type="checkbox"/> YOUTH CERTIFICATE	CHECKING ACCOUNTS: <input type="checkbox"/> KASASA CASH <input type="checkbox"/> KASASA CASH BACK <input type="checkbox"/> BASIC <input type="checkbox"/> FRESH START <input type="checkbox"/> IT'S MY MONEY	CARD ACCESS: <input type="checkbox"/> ATM CARD <input type="checkbox"/> DEBIT CARD

PRIMARY MEMBER INFORMATION					
Full Name	Birth Date	Mother's Maiden Name	Social Security Number/TIN		
Address	City, State, Zip	Primary Phone	Secondary Phone		
Email Address	1st I.D.	Exp. Date	2nd I.D.		
Employer	Occupation		Business Phone		

TIN/EIN CERTIFICATION & BACKUP WITHHOLDING INSTRUCTIONS	
<p>Under penalties of perjury, I certify that:</p> <input type="checkbox"/> (1) The number shown on this form is my correct taxpayer identification number, and <input type="checkbox"/> (2) I am not subject to backup withholding because (a) I am exempt from backup withholding, 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 and dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding. <input type="checkbox"/> (3) I am a U.S. person or other U.S. person. <input type="checkbox"/> (4) I am exempt from Foreign Account Tax Compliance Act reporting.	
<p>Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.</p>	
Member Signature: X _____	Date: _____

JOINT MEMBER INFORMATION					
Full Name	Birth Date	Mother's Maiden Name	Social Security Number/TIN		
Address	City, State, Zip	Primary Phone	Secondary Phone		
Email Address	1st I.D.	Exp. Date	2nd I.D.		
Employer	Occupation		Business Phone		

JOINT MEMBER INFORMATION					
Full Name	Birth Date	Mother's Maiden Name	Social Security Number/TIN		
Address	City, State, Zip	Primary Phone	Secondary Phone		
Email Address	1st I.D.	Exp. Date	2nd I.D.		
Employer	Occupation		Business Phone		

MEMBERSHIP APPLICATION

IMPORTANT NOTICE

When applying by mail, please fill in full name(s) and have signature(s) notarized and send a copy of photo id for verification purposes.

PAYABLE ON DEATH DESIGNATION

All parties are designated as beneficiary(s):

1. Name	Relationship	2. Name	Relationship
3. Name	Relationship	4. Name	Relationship

Single Party Multiple Party with Right(s) of Survivorship

I understand that some conditions may apply. (Refer to your Membership Agreement for details.)

Member Signature: **X** _____ Date: _____

AUTHORIZATIONS

By signing below I/we acknowledge and agree: (1) that the information provided is accurate, complete, and true and that the Credit Union may rely on the information, now and in the future, (2) to the terms and conditions of the Consumer Membership Agreement, the Truth in Savings Disclosure, Privacy Policy, Funds Availability Policy, Electronic Fund Transfer Disclosure, Consumer Rate Schedule, Consumer Fee Schedule and any amendments the Credit Union makes from time to time which are incorporated herein, and I/we acknowledge receipt of and agree to their terms, (3) the Credit Union is hereby authorized to verify my/our income and employment through any source necessary, (4) I/we understand that additional information may be needed to process my/our requests and will provide such information upon request, (5) by providing my/our email address I/we are hereby giving consent to receive email communication, (6) all information furnished will be used solely in connection with my/our financial relationship with, and remain the property of the Credit Union, and (7) I/we agree that if the Credit Union, during the course of its review of my/our credit for any purpose, identifies an opportunity where a Credit Union product may be of benefit to me/us, the Credit Union has my/our permission to advise me/us of such an opportunity.

Primary Member Signature: **X** _____ Date: _____

Joint Member Signature: **X** _____ Date: _____

Joint Member Signature: **X** _____ Date: _____

**Notary not required if signature verified by Credit Union West*

(Name) _____ appeared before me on _____ and identified himself/herself with the following documents, one of which included a photo of the applicant, the applicant's signature, and actual residential address. 1. _____ Number: _____ Exp. Date _____ 2. _____ Number: _____ Exp. Date _____ Signature _____ Date _____	<p style="text-align: center;">Notary Stamp Date _____</p> <p style="text-align: center;">_____ Notary Signature</p>
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