

**APPLICATION FOR MEMBERSHIP**

Member No./ Account No. Authorization- Dated:
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Please check this box if you are currently a member and adding an account or changing account information. If so, each person to the new or changed account need only sign this Application and correct any applicable information.  
PLEASE USE INK TO COMPLETE THIS APPLICATION.

**I. INDIVIDUAL MEMBER INFORMATION**

Name (Last, First, Middle)			Date	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss
Birth Date	Home Telephone No.	Drivers Lic. No. / Passport No.	Social Security No. (SSN)	
Address (Street, City, State & Zip)			Do You <input type="checkbox"/> Own or <input type="checkbox"/> Rent	County      How Long
Employer			Position/Title	How Long
City & State		Business Telephone No.	Member E-Mail	
Member Eligibility and Identification			Other Identifying Info.	
Name and Address of someone who will always know your location				

**II. JOINT APPLICANT OR MINOR INFORMATION**

Name (Last, First, Middle)			Relationship to Member	
Birth Date	Home Telephone No.	Drivers Lic. No. / Passport No.	Social Security No. (SSN)	
Address (Street, City, State & Zip)			Other Identifying Info.	
Employer Name, City & State			Business Telephone No.	

**III. ACCOUNT TYPES**

**OWNERSHIP:** Please select the type of ownership you want. The type of ownership and beneficiary designation you select will remain the same for all accounts listed below.

- Individual     
  Joint-With Survivorship     
  Joint-No Survivorship  
 Member as Custodian for Minor Under the New Hampshire Uniform Transfers to Minors Act (UTMA) (Complete Section II. above)  
 Trust-Separate Agreement-Dated: \_\_\_\_\_  Other \_\_\_\_\_

**BENEFICIARY DESIGNATION:**  Revocable Trust Designation: (place name and address of beneficiaries here)

**ACCOUNT TYPES:** Please select the account types you want:

<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

**IV. SIGNATURES**

By signing below, the undersigned agree to the Credit Union by-laws and the terms and conditions of any approved account, as amended from time to time, and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that information provided on this Application is true and correct and that the terms apply to all accounts held by the undersigned at this Credit Union. By checking the boxes below, the undersigned acknowledge receipt of the named disclosures and the terms and conditions that apply to any approved account.

Truth in Savings    Electronic Fund Transfers    Funds Availability    Privacy    Terms & Conditions

\_\_\_\_\_

1. Member's Signature X \_\_\_\_\_ Date \_\_\_\_\_

2. Signature X \_\_\_\_\_ Date \_\_\_\_\_

3. Signature X \_\_\_\_\_ Date \_\_\_\_\_

The individual signing on line \_\_\_\_\_ is signing as:    A Successor Custodian of a UTMA Account

Authorized Signer    \_\_\_\_\_

**V. ADDITIONAL SERVICES REQUESTED**

\_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
 \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_

**VI. CREDIT UNION USE**

Account Title: \_\_\_\_\_

Initial Amount \$ \_\_\_\_\_ Form:  cash  \_\_\_\_\_ Form of I.D. \_\_\_\_\_

This application approved (date) \_\_\_\_\_ by \_\_\_\_\_