

**APPLICATION FOR MEMBERSHIP**

This section will be completed by the Credit Union

Account Number: \_\_\_\_\_

Name: \_\_\_\_\_

**Applicant Information**

Name (Last, First MI) \_\_\_\_\_

Or Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (if different from mailing address): \_\_\_\_\_

City, State Zip: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizens Yes  No

Employer: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How Are You Eligible? \_\_\_\_\_

**Joint Owner Information #1 (if Applicable)**

Name (Last, First MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizens Yes  No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Joint Owner Information #2 (if Applicable)**

Name (Last, First MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizens Yes  No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Joint Owner Information #3 (if Applicable)**

Name (Last, First MI): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

SSN or Tax ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ US Citizens Yes  No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Instructions to Signer: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.

**Certification as to Taxpayer Identification Number and Backup Withholding**

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

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

**Joint Share Account Agreement (Not Transferable)**

Four Points Federal Credit Union is hereby authorized to recognize any of the signatures below in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the credit union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge the credit union from any liability for such payment. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time

Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the credit union which shall not affect transactions theretofore made.

**Consent of spouse is required in community property states if joint owner is other than the spouse of member  
The spouse of the member must sign below to indicate their Approval and Consent, if applicable:**

Signature of Spouse \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZED SIGNATURES**

Primary \_\_\_\_\_

Joint Owner #1 \_\_\_\_\_

Joint Owner #2 \_\_\_\_\_

Joint Owner #3 \_\_\_\_\_

By signing this membership card, I (we) hereby make application for membership and agree to conform to the bylaws of Four Points Federal Credit Union. I (we) also agree to the terms and conditions of any account I (we) have with the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time.

**Beneficiary Information**

Primary \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

Primary \_\_\_\_\_

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_

For Credit Union use only:

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> OFAC               | <input type="checkbox"/> ER/Parent    | <input type="checkbox"/> Driver's license | <input type="checkbox"/> Address verification |
| <input type="checkbox"/> Ref fields         | <input type="checkbox"/> Joint owners | <input type="checkbox"/> Direct mailing   | <input type="checkbox"/> Other _____          |
| <input type="checkbox"/> log in spreadsheet |                                       |   |   |