

Application for Membership

	Date:
Primary Member:	Joint Member:
Name:	Name:
Address:	Address:
City/Zip:	City/Zip:
E-Mail:	E-Mail:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Soc. Sec. #:	Soc. Sec. #:
Driver's License #:	Driver's License #:
Date of Birth:	Date of Birth:
Employer:	Employer:
Referred By:	Referred By:
Mother's Maiden Name:	Mother's Maiden Name:
Name of Relative:	Name of Relative:
Phone (Not at this address):	Phone (Not at this address):
What is the primary purpose for this account?	Personal Business (DBA)
I understand that SAFCU will rely on the inform determine qualification for membership.	ation in this application and my/our <i>Chexsystems</i> report to
Signature	Signature
OFAC Checked: Online Banking: ART:	Account #
Debit Card: E-Statement:	Teller ID
How did the member hear about SAFCU? Friend Website	