



# 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): \_\_\_\_\_

\_\_\_\_\_ I/We authorize SAFCU to obtain my/our credit report. I/We authorize SAFCU to draft \$5.00 for each credit report from my/our  Savings  Checking account.

I understand that SAFCU will rely on the information in this application and my/our Chexsystems report to determine qualification for membership.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

OFAC Checked: \_\_\_\_\_ Online Banking: \_\_\_\_\_ ART: \_\_\_\_\_ Account # \_\_\_\_\_  
ATM: \_\_\_\_\_ E-Statement: \_\_\_\_\_ Teller ID \_\_\_\_\_