



Account # \_\_\_\_\_ **MEMBERSHIP APPLICATION**

- Savings                       Checking                       Plus Checking  
 Business Checking       Money Market               Special Savings

**Applicant** (Please print in ink - incomplete applications may be grounds for denial)

Name First	Middle	Last	Social Security #	Birth Date
Street Address	City	State	Zip	Phone Number
Employer's Name	Position		Emp. Phone#	

**Joint Applicant**

Name First	Middle	Last	Social Security #	Birth Date
Street Address	City	State	Zip	Phone Number
Employer's Name	Position		Emp. Phone#	

**Eligibility**

**Community Member** (I live or work in Polk, Story, Jasper, Marion, Warren, Madison, Dallas, Boone, Hamilton, Hardin, Marshall, Poweshiek, Mahaska, Monroe, Lucas, Clarke, Union, Adair, Guthrie, Greene, Webster, Tama, Wright, Franklin, Grundy, Black Hawk, Benton, Iowa, Keokuk, Wapello, Appanoose, Wayne, Decatur, Ringgold, Adams, Cass, Audubon, Carroll, Calhoun, Pocahontas or Humboldt county.)

- Family Member**                       **Other** \_\_\_\_\_

**Certification of taxpayer identification number and back-up withholding**

**Certification if awaiting number**

or

Please initial next to each clause that applies in either Section A or Section B. If you have been notified by the Internal Revenue Service (IRS) that you are subject to back-up withholding due to payee under-reporting and you have not received a notice from the IRS that the back-up withholding has terminated, you must strike out clause two in whichever section you initial.

**Section A**

*Under penalties of perjury, I certify:*

- \_\_\_\_\_ 1. The number on this form is my correct taxpayer identification number.  
 \_\_\_\_\_ 2. I am not subject to back-up withholding either because I have not been notified that I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to back-up withholding.

**Section B**

*Under penalties of perjury, I certify:*

- \_\_\_\_\_ 1. A taxpayer identification number has not been issued to me, and I mailed or delivered and application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or I intend to mail or deliver an application in the near future.)  
 \_\_\_\_\_ 2. I am subject to back-up withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to back-up withholding. I understand if I don not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 20% of all reportable payments thereafter made to me until I provide the number.

**Signatures** (IMPORTANT - read before signing)

I/We hereby make application for membership in and agree to conform to the bylaws and amendments thereof, to the account agreement and disclosure, copies of which I/we have received. I/We also agree to the terms and conditions of any account that I/we have in the Credit Union now or in the future and agree that the Credit Union may change those terms and conditions from time to time. I/We authorize the Credit Union to check my/our credit and/or employment history and to answer questions and report my/our credit experience with the Credit Union.

Applicant's Signature	Date
Co-Applicant's Signature	Date

Name of beneficiary		
Address		
City	State	Zip
Signature of account owner		
Witness		