

# Membership Information

Account No. \_\_\_\_\_

## Member Information

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address (if p.o. box + physical)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Type of Identification and Id #

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

\_\_\_\_\_  
Employer & Position

\_\_\_\_\_  
Mother's Maiden Name

## Joint Owner Information

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address (If p.o. box + physical)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Type of Identification and Id #

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

\_\_\_\_\_  
Employer & Position

\_\_\_\_\_  
Mother's Maiden Name

## Beneficiary Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

I hereby agree to conform to the by-laws of the Siskiyou Credit Union. By signing below, I acknowledge that I have received a copy of the credit union's truth-in-savings disclosure and that I have received a copy of the current rate and fee schedule. I authorize the credit union to obtain credit reports in connection with this account and any future services provided by the credit union as permitted by law. I agree to be bound by the terms and conditions of the disclosure. I understand the credit union may verify all information I have given above.

**Signature:** x \_\_\_\_\_

**Signature:** x \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Joint Owner Email Address:** \_\_\_\_\_

For credit union use only UTMA\_\_\_ Totten Trust\_\_\_

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