

# Membership Information and Identification Form

ACCOUNT NO. \_\_\_\_\_ (ONLY IF YOU HAVE A CURRENT ACCOUNT)

## MEMBER INFORMATION

NAME (PLEASE PRINT) \_\_\_\_\_ SOCIAL SEC. NO. \_\_\_\_\_

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 SEC. NO. \_\_\_\_\_

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 Central 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: \_\_\_\_\_

**PRINT FORM**

FOR CREDIT UNION USE ONLY UTMA \_\_\_ TOTTEN TRUST \_\_\_

SYSTEM: \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_