

# Membership Application



## MEMBERSHIP/ACCOUNT AGREEMENT

You hereby apply for membership in the credit union and agree to conform to the bylaws and any amendments of the credit union, the terms and conditions of the share account and to pay the minimum deposit amount. You also agree to pay any charges or fees which may be required or assessed under such bylaws. Any account opened in more than one name shall be a joint account. If you have established a joint account, both owners agree to the terms and conditions of the share account.

### Primary Account Owner

First Name:	Last Name:	
Mother's Maiden Name:	Email:	SSN or TIN:
Physical Address:		
Mailing Address (if different):		
Date of Birth:	Home Phone:	Day Phone:
Employer:	Driver's License & State:	

**Membership Eligibility:** You are eligible for membership if you live, work (or regularly conduct business), worship, or attend school in, or are a businesses or other legal entity located in Calvert, Charles, or St. Mary's Counties, Maryland.

Resident     Employer     Worship     School     Business

Name/Location:

**Membership Eligibility:** If a member of your immediate family (mother, father, sister, brother, or grandparent) is eligible for membership, you are also eligible.

Relative

Name:

**Signature (required only if requesting joint account). Sign on one line only for this information.**

Joint Account with survivorship:	Joint account without survivorship:
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### Joint Account Owner 1

First Name:	Last Name:	
Mother's Maiden Name:	Email:	SSN or TIN:
Physical Address:		
Date of Birth:	Home Phone:	Day Phone:
Employer:	Driver's License & State:	

### Joint Account Owner 2

First Name:	Last Name:	
Mother's Maiden Name:	Email:	SSN or TIN:
Physical Address:		
Date of Birth:	Home Phone:	Day Phone:
Employer:	Driver's License & State:	

### Additional Services

Basic Share Savings (Required)     Credit Card\*     Share Certificate     Holiday Club  
 Share Draft Checking\*     Debit Card\*     Money Market    \*Additional paperwork may be required

### Payable on Death/Trust Account

Beneficiary 1:	Beneficiary 2:
SSN:	SSN:
Address:	Address:

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).

**Certification Instructions.** Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-BEN if you are not a U.S. person.

**Authorization:** By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the agreements and disclosures applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Fund Transfers Agreement and Disclosure. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Primary:	Date:
Signature of Joint Owner 1:	Date:
Signature of Joint Owner 2:	Date:

**This document must be signed in the presence of an employee of the credit union or a notary and must be accompanied by a deposit of at least \$5.00 and a copy of a current state issued photo ID.**

### FOR CREDIT UNION USE ONLY

Date of Membership:
Opened by:
Verification: