

# Master Membership Application



After completing all four pages of this application, please print and sign where applicable. You may then mail to P.O. Box 1607 Springfield, VA 22151 or bring to Springfield branch.

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Member Number

## ACCOUNT TYPE(S)

- Share Savings       Share Draft Checking       IRA Share       IRA Certificate  
 IRA Share       Share Certificate       Holiday Club       \_\_\_\_\_

## ACCOUNT OWNERSHIP

- Individual       Joint       UTMA       Trust

## PRIMARY OWNER INFORMATION

Prefix     Mr.       Ms.       Mrs.

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Name (First, Middle Initial, Last)      Suffix      Birth Date

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Street Address

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City      State      Zip Code

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Home Telephone      Email Address      Mother's Maiden Name

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Place of Employment      Business Telephone

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Social Security Number      Driver's License Number/ State/ Exp. Date

Eligibility Statement: You     Work       Volunteer       Intern       Family Member for/of

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Description





**TAXPAYER IDENTIFICATION AND BACKUP WITHHOLDING INFORMATION**

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and
- (2) I am not subject to back up 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
- (3) 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:** Check the box for item 2 above if you have been notified by the IRS that backup withholding applies. By checking this box, this serves to strike out the language related to underreporting. Complete a W-8 BEN if you are not a U.S. person.

**AUTHORIZATION**

By signing or otherwise authenticating, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Disclosure, Privacy 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 the agreements and disclosures applicable to the accounts and servicers 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 Funds Transfers Agreement and Disclosure. All of the terms, conditions, form of account ownership, account selection and other information indicated on this document applies to all of the accounts listed unless the credit union is notified in writing of a change. I/We agree that any updates identified herein amend the previously signed Member Services Request(s), and are subject to the terms and conditions of the applicable disclosures noted above.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholdings.**

_____	_____	_____	_____
Member/Owner	Date	Joint Owner/Authorized Signer	Date
_____	_____	_____	_____
Joint Owner/Authorized Signer	Date	Joint Owner/Authorized Signer	Date

**FOR CREDIT UNION USE ONLY**

Date of Membership: \_\_\_\_\_ Opened/Approved By: \_\_\_\_\_ Membership Eligibility: \_\_\_\_\_

Member Verification \_\_\_\_\_

Verifications List(s) Checked:  OFAC  Other: \_\_\_\_\_

List Verification Completion Date: \_\_\_\_\_ By: \_\_\_\_\_

Reports Checked:  Credit Report  Check Verification Report  Other: \_\_\_\_\_

Overdraft Protection Opt-in Completion Date: \_\_\_\_\_