

# Membership Application

To apply for membership with Democracy Federal Credit Union, please complete the information below and return it to the Credit Union along with your initial deposit of \$5.00 and your \$10.00 membership fee as noted in the Share Account Agreement and Disclosure, and a copy of 2 forms of identification.

**ACCOUNT NUMBER**

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**Primary Member Information**

Name		Date of Birth
Address Street & Number		Home Phone
Zip City State		Work Phone
I.D./License Number	Social Security Number/Tin	Cellular Phone
Employer Agency	Position/Title	Mother's Maiden Name
How did you find out about Democracy FCU?		Email Address

**Please check the Products and Services you desire:**

Savings Products	Checking Products	Certificates
<input type="checkbox"/> Share Savings <input type="checkbox"/> Kasasa Saver <input type="checkbox"/> Youth Savings <input type="checkbox"/> Holiday Savings <input type="checkbox"/> Vacation Savings <input type="checkbox"/> Money Management	<input type="checkbox"/> Kasasa Cash <input type="checkbox"/> Kasasa Cash Back <input type="checkbox"/> Checking	<input type="checkbox"/> Share Certificate <input type="checkbox"/> Youth Certificate
Card Access	Electronic Services Access	Other
<input type="checkbox"/> Debit Card for Primary Member <input type="checkbox"/> Debit Card for Joint Member	<input type="checkbox"/> Electronic Statements <input type="checkbox"/> Online Banking <input type="checkbox"/> Phone Banking	<input type="checkbox"/> Overdraft Transfer Protection from Share Savings

**Joint Owner Information**

Name		Date of Birth
Address Street & Number		Home Phone
Zip City State		Work Phone
I.D/License Number	Social Security Number/Tin	Cellular Phone
Employer Agency	Position/Title	Mother's Maiden Name
How did you find out about Democracy FCU?		Email Address

**Joint Owner Information**

Name		Date of Birth
Address Street & Number		Home Phone
Zip City State		Work Phone
I.D/License Number	Social Security Number/Tin	Cellular Phone
Employer Agency	Position/Title	Mother's Maiden Name
How did you find out about Democracy FCU?		Email Address

**Joint Owner Information**

Name		Date of Birth
Address Street & Number		Home Phone
Zip City State		Work Phone
I.D/License Number	Social Security Number/Tin	Cellular Phone
Employer Agency	Position/Title	Mother's Maiden Name
How did you find out about Democracy FCU?		Email Address

By signing below, I certify, in accordance with the IRS W-9 instructions provided by Democracy Federal Credit Union and under penalties of perjury, that the Social Security Number (SSN) taxpayer identification number (TIN) shown is my/the correct identification number. Below I have designated my tax withholding status.

I am not subject to backup withholding as a result of a failure to report all dividends of interest, or because the IRS has notified me that I am no longer subject to backup withholding.

I am subject to backup withholding  Exempt  I am not a United States Citizen (complete W-8)

I hereby authorize Democracy FCU to open a Share Savings Account for me. By signing below, I agree to the terms and conditions of the Share Savings account and other account agreements for services I have indicated on the reverse side of this application, in addition to the terms and conditions of Truth-in-Savings, Rate and Fee Schedule, Funds Availability Policy Disclosure and any amendments Democracy FCU may make from time to time which are incorporated in the Agreement & Disclosure Package. By signing below, I give Democracy FCU permission to determine my credit worthiness for this account and authorize the Credit Union to obtain a copy of my credit file. If approved, I may have to complete an application prior to accessing the Share Draft Overdraft Protection Line. When applicable, I authorize Democracy FCU to make use of the email addresses listed on the front of the Combined Application. I acknowledge receipt of a copy of the agreements and disclosures applicable to the account and services requested on the reverse side. The Internal Revenue Service does not require you consent to any provision of this document other than the certifications to avoid backup withholding.

\_\_\_\_\_  
Primary Member's Signature Date

\_\_\_\_\_  
Joint Owner's Signature Date

\_\_\_\_\_  
Joint Owner's Signature Date

\_\_\_\_\_  
Joint Owner's Signature Date



## FOR OFFICE USE ONLY

Membership Request:

Approved  Denied  With Exception \_\_\_\_\_

\_\_\_\_\_  
Membership Officer Date