

JOINT OWNER #2

JOINT OWNER'S NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIAL SECURITY OR TAXPAYER ID NUMBER	
ADDRESS			
CITY	STATE / ZIP CODE	BIRTH DATE	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER	WORK PHONE NUMBER	PRIMARY PHONE NUMBER	
JOINT OWNER SIGNATURE / DATE		E-MAIL ADDRESS	

ACKNOWLEDGEMENT

STATE/Commonwealth of _____

County of _____

On this, the _____ day of _____, 20____, before me _____, the undersigned officer, personally appeared _____ and _____ and _____

known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

SEAL

Notary Public

Date

NOTE TO NOTARY: Please make sure **all** information is completely filled in, including all the names notarized. If there is missing information, document will be returned. Thank you.

IMPORTANT INFORMATION - PLEASE READ

Thank you for your interest in joining the APCI Federal Credit Union. Please review the following information to expedite your membership processing:

- ✓ I/we have enclosed clear copy(ies) of unexpired Driver's License or Passport for all applicants.
- ✓ Primary and Joint Owner names must be legal names as they appear on Driver's License/Passport.
- ✓ Signatures for new membership must be witnessed by an APCI Federal Credit Union employee or notarized. If a current signature is on file, existing member/ joint owner signatures do not have to be notarized or witnessed.
- ✓ I/we have enclosed a \$5.00 minimum membership deposit (check or money order) payable to APCI Federal Credit Union.

Please contact Member Services at 800-821-5104 if you have any questions.

CREDIT UNION USE ONLY