

**MEMBERSHIP APPLICATION**

ACCOUNT NUMBER

**Important Information:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying documents. By submitting this application, you authorize the Credit Union to obtain information necessary to verify your identity. This may include information obtained from consumer reporting agencies, public databases, or other sources. If the Credit Union is unable to verify information you provide, an account will not be opened.

PRIMARY OWNER'S NAME (FIRST, MIDDLE OR INITIAL, LAST)			MOTHER'S MAIDEN NAME
SOCIAL SECURITY OR TAXPAYER ID NUMBER			GENDER
PHYSICAL ADDRESS	CITY	STATE / ZIP CODE	BIRTH DATE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE / ZIP CODE	PRIMARY PHONE NUMBER
ALTERNATE PHONE NUMBER	E-MAIL ADDRESS		STATE / DRIVER'S LICENSE NUMBER
EMPLOYER / OCCUPATION		WORK PHONE NUMBER	WORK PHONE EXTENSION
<input type="checkbox"/> I am a qualifying* employee. ( <i>Membership pending employment verification</i> ) Emp.# _____ <input type="checkbox"/> I am a member of the immediate family or household of a qualifying* employee ( <i>Membership pending sponsor verification</i> ). <input type="checkbox"/> I am a member of the immediate family or household of an APCI FCU member. ( <i>Membership pending sponsor verification</i> ). <small>*Visit <a href="http://www.apcfcu.org/eligibility">www.apcfcu.org/eligibility</a> for select employer groups.</small>			
RELATIONSHIP TO EMPLOYEE / MEMBER		EMPLOYEE / MEMBER NAME	

I certify the information provided is true and correct and authorize APCI Federal Credit Union (FCU) to check my account, credit, employment history, and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my eligibility for Credit Union accounts and services. I understand that APCI FCU may rely on information in this application and in consumer reports to make its decision. By signing this application, I agree to and acknowledge receipt of the Membership Agreement and Disclosures, which may be updated from time to time. I also agree to conform to its bylaws and amendments thereof, copies of which are available upon request. I certify and agree by my signature below, that the number listed on this membership card is my correct Social Security/Taxpayer Identification Number and:

- ☐ I am a U.S. Citizen                      ☐ I am a Permanent Resident                      ☐ I am a Non-Permanent Resident
- ☐ I am **not** subject to backup withholding.                      ☐ I am subject to backup withholding as a result of failure to report all interest or dividends to the Internal Revenue Service.

PRIMARY OWNER SIGNATURE	DATE
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**JOINT SHARE ACCOUNT AGREEMENT (NOT TRANSFERABLE)**

APCI Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The term account or accounts as used in this part applies to all shares (excluding IRA) under this account number. The joint owners of this account, here-by agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Only the Primary Owner may pledge all or any part of the shares in the account as collateral security to a loan or loans from this Credit Union. A surviving owner's interest is subject to the Credit Union's statutory lien for the deceased owner's obligations and to any security interest or pledge granted by a deceased owner, even if a surviving owner did not consent to it.

I/We certify the information provided is true and correct and authorize APCI Federal Credit Union (FCU) to check my/our account, credit, employment history, and to obtain consumer reports from third parties, including credit bureau reports, in order to determine my/our eligibility for Credit Union accounts and services. I/we understand that APCI FCU may rely on information in this application and in consumer reports to make its decision.

By signing this application, I/we agree to and acknowledge receipt of the Membership Agreement and Disclosures, which may be updated from time to time. I/we also agree to conform to its bylaws and amendments thereof, copies of which are available upon request.

The right or authority of the Credit Union under this agreement shall be not changed or terminated by said owners, or any of them except by written notice to said Credit Union which shall not affect transactions theretofore made.

**JOINT OWNER #1**

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

**JOINT OWNER #2**

JOINT OWNER NAME (FIRST, MIDDLE OR INITIAL, LAST)		SOCIAL SECURITY OR TAXPAYER ID NUMBER	
ADDRESS		MOTHER'S MAIDEN NAME	
CITY	STATE / ZIP CODE	BIRTH DATE	STATE / DRIVER'S LICENSE NUMBER
EMPLOYER / OCCUPATION	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, option 5, if you have any questions.

**CREDIT UNION USE ONLY**