

# MEMBERSHIP APPLICATION & AGREEMENT

## Member/Owner Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

I qualify for membership in this credit union because: \_\_\_\_\_

## Present Employer

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Name, address and phone number of someone who will always know your location

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Joint Owner(s) Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Work Number: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Number: \_\_\_\_\_ Driver's Lic. #: \_\_\_\_\_

Work Number: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

## Ownership of Accounts

Ownership - Please select the type of ownership/rights at death you want by checking the appropriate box below. The ownership type/rights at death specified on this application remain the same for all sub-accounts.

- Single-Party Account (in the name of the member with no rights at death)
- Single-Party Account with Pay-on-Death designation(Name beneficiaries below)
- Multiple-Party Account with Right of Survivorship
- Multiple-party Account with Right of Survivorship and Pay-on-Death Designation (Name beneficiaries below)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City / State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Signatures and Certifications**

Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct taxpayer identification number.
- (2) 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 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 US person (including a U.S. resident alien)

**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-8 BEN if you are not a U.S. person.

By signing below, I/We agree to the terms and conditions of the Important Account Information For Our Members booklet which includes an Account Agreement, Privacy Disclosure, Truth-In-Savings Disclosure, Funds Availability Policy Disclosure, Electronic Funds Transfer Disclosure and to any amendments the Credit Union makes from time to time. I/We acknowledge receipt of a copy of the Account Agreement and Disclosures and authorize the Credit Union to verify credit and employment history by any necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The undersigned certify that the information provided on this application is true and correct and that the terms on this application apply to all sub-accounts.

Any controversy or claim arising out of or relating to this Agreement and/or Account shall be settled by binding arbitration. You further agree that any such arbitration shall take place in Miami Dade County, Florida. Judgment upon any award rendered by the arbitrator may be entered by any court having jurisdiction thereof. The arbitrator shall determine the prevailing party, and the costs and expenses of the arbitration proceeding, including the arbitrator's fees, shall be borne by the non-prevailing party, unless otherwise required by law. No provision of this Agreement, nor the exercise of any right under this agreement, shall waive the arbitration requirement or limit the right of the Credit Union to: (1) obtain provisional or ancillary remedies, such as injunctive relief, writ of attachment, or protective order from a court having jurisdiction before, during, or after the pendency of any arbitration, (2) exercise self-help remedies, such as set-off; (3) evict, foreclose against or sell any real or personal property collateral by the exercise of a power of sale under a mortgage or other security agreement or instrument, a deed of trust, or applicable law; (4) exercise any other rights under this agreement upon the breach of any term or condition herein; or, (5) to proceed with collection of the Account through all other legal methods, including, but not limited to, proceeding in court to obtain judgment. Any and all arbitration under this contract will take place on an individual basis; class arbitrations and class actions are not permitted.

YOU FURTHER AGREE THAT YOU ARE WAIVING THE RIGHT TO TRIAL BY JURY AND TO PARTICIPATE IN A CLASS ACTION.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

\_\_\_\_\_ Date \_\_\_\_\_ Member/Account # \_\_\_\_\_  
**(1) Member/Owner Signature**

\_\_\_\_\_ Date \_\_\_\_\_ Relationship to Member \_\_\_\_\_  
**(2) Joint/Owner Signature**

\_\_\_\_\_ Date \_\_\_\_\_ Relationship to Member \_\_\_\_\_  
**(3) Joint/Owner Signature**

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**OFFICE USE ONLY**

Account Title \_\_\_\_\_ Account Services \_\_\_\_\_

Initial Amount \$ \_\_\_\_\_ Form:  Cash  Check  Direct Deposit

Application Approved (Date) \_\_\_\_\_ By \_\_\_\_\_