

Sorg-Bay West Federal Credit Union Membership Application

Please print this form, fill it out and fax to **513.422.1692**

General Information:	
Will there be a co-applicant on this application? <input type="checkbox"/> No <input type="checkbox"/> Yes, 1 co-applicant <input type="checkbox"/> Yes, 2 co-applicants	
Membership Eligibility:	
<input type="checkbox"/> Employer	Employer Name:
<input type="checkbox"/> Family Member	Family Name:
<input type="checkbox"/> Community	Community Name:
Primary Applicant:	
Last Name:	Middle Name:
First Name:	Social Security Number (TIN):
Date of Birth:	Home Phone Number:
Work Phone Number:	Other Phone Number:
Email Address:	Mother's Maiden Name
<p>I certify that: The TIN is correct and I (am / am not) subject to back-up withholding (Circle One) and I am a U.S. Person (including a U.S. Resident Alien).</p>	
Drivers License #:	Drivers License State:
Drivers License Expiration Date:	
<i>Home Address (not P.O. Box)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:
<i>Mailing Address (if different)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
<i>Employment History</i>	
Present Employer Name:	Employer Phone Number:
Employer's Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:
References	
<i>Nearest Relative Not Living With You</i>	
Last Name:	First Name:
Relationship:	Phone Number:
Address 1:	
Address 2:	
City:	State, Zip:
Additional Information	

How would you prefer to be contacted?

- Home Phone
- Work Phone
- Other Phone
- Email Address
- Other:

Special Instructions/Comments:

Signature

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

Signature:

Date: