



MEMBERSHIP ENROLLMENT APPLICATION

Attach one (1) copy of identification for **each** applicant; and if current residence not listed on ID, proof of address. **US Citizen** – valid photo government-issued ID (Driver's License, Passport, Military ID, County/DMV ID); **Minor** – Social Security Card; **Green Card Holder** – Green Card and Social Security Card and valid Driver's License (or Passport); **Resident Foreign National** – US Visa and Passport and Social Security Card (or Record of Individual Tax ID#)
§USA Patriot Act: 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 to 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 may also ask to see your driver's license or other identifying documents.

STEP 1 – Citizen Status and Membership Eligibility	MEMBERSHIP Number:	CU Use Only
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Citizen Status: U.S. Citizen Resident Foreign National holding: Green Card Visa (enter type): _____

Membership Eligibility: **I AM** an employee a retired employee a contractor a volunteer / member

of a Sponsor within the AFCU field of membership. **Sponsor Name:** _____ **FOM #:** CU Use Only

OR related to an existing AFCU member. **Name:** _____ **Member #:** _____ **Relationship:** _____

STEP 2 – Choose Membership Type

<input type="checkbox"/> Individual <input type="checkbox"/> Joint (Joint tenancy with right of survivorship) <input type="checkbox"/> Custodial – UTMA (no Checking; attach Custodial Agreement) <input type="checkbox"/> Youth: <input type="checkbox"/> SAVVY (no Checking; up to age 12. \$0.25 minimum) <input type="checkbox"/> CONNECT (13-17) <input type="checkbox"/> SAM (College)	<input type="checkbox"/> Payable on Death (attach an AFCU POD Agreement) <input type="checkbox"/> Power of Attorney (attach an AFCU POA Agreement) <input type="checkbox"/> Tenant Security Deposit (Savings only; attach Tenant W-9) <input type="checkbox"/> Social Security Representative Payee (attach Social Security Administration Letter)
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STEP 3 – Choose Account Type

Indicate your initial deposit amount(s) and payment source: Cash Check or Transfer from Member # : _____

Savings (REQUIRED) - \$5 min Initial Deposit: \$ _____ **Green Rewards Checking** - \$0 min Initial Deposit: \$ _____

Checking - \$0 min Initial Deposit: \$ _____ **Requirements:** Affinity Online Bill Payment, Online Statements & Debit Card

STEP 4 – Primary Data (Primary Owner, UTMA or Youth Minor, Social Security Representative Payee, Landlord)

Name		Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License Number (incl. state)	
Home Address: Street			City	State	Zip Code	
Home Phone	Work Phone	Cell Phone		Email Address <input type="checkbox"/> Required for Green Rewards		
Employer		Occupation				

STEP 5 – Secondary Data (Joint Owner, UTMA or Youth Parent/Guardian, Social Security Beneficiary, Tenant, Power of Attorney) If Tenant, only name, address and social security number required along with Form W-9.

Name		Social Security Number	Date of Birth	Mother's Maiden Name	Driver's License Number (incl. state)	
Home Address: Street			City	State	Zip Code	
Home Phone	Work Phone	Cell Phone		Email Address		
Employer		Occupation				

STEP 6 – Signatures

I/We hereby make application for membership in Affinity Federal Credit Union and agree to conform to its Laws and Amendments thereof and subscribe to at least one share (\$5). I certify that all of the information contained in this Application is accurate to the best of my knowledge. By signing below, I acknowledge I have received and read the agreements and disclosures for the accounts and services requested, and I agree to be bound to the terms and conditions of any account that I have with Affinity now or in the future and agree that Affinity may change those terms and conditions from time to time. If applying for an automated teller machine (ATM) card, Debit Access Card, Internet Account Access, or Telephone Banking (AUDREY), I understand and agree that the use of my Personal Identification Number (PIN), Password, or signature to access my accounts by ATM, Debit Access Card, Internet Account Access and/or Telephone Banking (AUDREY) will be my acceptance of the terms and conditions of the applicable service agreement.

I certify under penalty of perjury that (1) the Social Security or Taxpayer Identification Number provided on this application is correct, (2) the IRS has never notified me that I am subject to 28% backup withholding, or has never notified me that I am no longer subject to such backup withholding, and (3) I am a US Person (including a U.S. resident alien). Note: If part (2) of this sentence is not true in your case, please strike out and initial before signing. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Affinity Federal Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of business for this account.

X _____ Primary Signature <small>(UTMA Minor signature not required)</small>	Date	X _____ Joint Member Signature <small>(SS Beneficiary and Tenant signatures not required)</small>	Date
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FOR CREDIT UNION USE ONLY

Date:	Branch:	Employee:	XP Operator:
Card data verified to Card Wizard Report by:		Name:	Op #: