

Membership is as Easy as 1-2-3!

VA Desert Pacific Federal Credit Union
"People helping people meet financial needs"

FOR CREDIT UNION USE ONLY

Member Name (Last Name, First)	Member Account Number
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Owner's Account Shall Be: Individual Joint* With Pay-On-Death Provision*
(*If Joint Owner or Pay-On-Death option(s) selected, please complete reverse)

I/We hereby apply for a Share Account with Electronic Services including E-Statements in accordance with credit union policy:
 YES NO

If NO is selected above: I/We acknowledge that there will be a \$3 monthly service charge for paper statements

MEMBER INFORMATION

MEMBER NAME (PLEASE PRINT)		SOCIAL SEC NO.	
ADDRESS (No. & Street/Apt. No.)	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE		
CELL PHONE	E-MAIL		
CA DRIVER LIC. #	EXP.	DATE OF BIRTH	
OCCUPATION	MMN (Mother's Maiden Name)		

JOINT OWNER INFORMATION (continued on reverse of card)

JOINT OWNER NAME (1) – (PLEASE PRINT)		SOCIAL SEC NO.	
ADDRESS (No. & Street/Apt. No.)	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE		
CELL PHONE	E-MAIL		
CA DRIVER LIC. #	EXP.	DATE OF BIRTH	
OCCUPATION	MMN (Mother's Maiden Name)		

(2) ELIGIBILITY AND ACCOUNT INFORMATION

My eligibility to join the credit union is because (check one): VADPHN/VISN22
 Relative _____ (Relationship) of _____ (Current Member)

Current Member/Relative Address: _____

Work Phone No.: _____ Home Phone No.: _____

(3) SIGNATURE(S) – For Compliance:

I/We hereby agree to the *Signature Provisions* section and Certification on the reverse of this card.

X MEMBER SIGNATURE	DATE
X JOINT OWNER SIGNATURE (1)	DATE
X JOINT OWNER SIGNATURE (2)	DATE

DESIGNATION OF BENEFICIARY

PRINT NAME OF PAYEE (1)

LAST	FIRST	MIDDLE INITIAL	SOCIAL SEC NO.	
ADDRESS (No. & Street/Apt. No.)		CITY	STATE	ZIP
CA DRIVER LIC. #	EXP.	DATE OF BIRTH	PHONE NUMBER	

PRINT NAME OF PAYEE (2)

LAST	FIRST	MIDDLE INITIAL	SOCIAL SEC NO.	
ADDRESS (No. & Street/Apt. No.)		CITY	STATE	ZIP
CA DRIVER LIC. #	EXP.	DATE OF BIRTH	PHONE NUMBER	

TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

CERTIFICATION (See attached instructions): By signing below, I certify under penalties of perjury that (1) the Social Security Number or Employer Identification Number above is my correct taxpayer identification number, and (2) I am NOT, unless noted below subject to backup withholding because (A) I am exempt, or (B) I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding

I am subject to backup withholding
(Cross out item 2)

I am not a U.S. citizen or resident
(Complete an IRS W-2 form)

X
MEMBER SIGNATURE

DATE

Joint Owners, if any, Please Complete Information Below and Sign the Reverse Side of this Card

PROVISIONS (for compliance): I hereby make application for membership and agree to conform to your by-laws and any amendments thereof and subscribe for a minimum of one full share and hereby submit documentation.

The right of authority of the Credit Union under this agreement shall not be changed or terminated by the owner except by written notice to the Credit Union which written notice shall not affect transactions previously made, Shares are not transferable except on the books of the Credit Union. The owner of this account agreement shall keep the Credit Union informed of any change(s) to his or her address.

I agree that you may gather any employment information you deem necessary to open my account.

I acknowledge that I have received a copy of the Credit Union's Truth-in-Savings Disclosure ("Disclosure") and that I have received a copy of the E-Statement Disclosure, current Rate and Fee Schedule. All the terms, conditions and information contained in this Membership Application and any amendments thereto ("Application") are by this reference incorporated in their entirety into the Disclosure. I agree to be bound by the terms and conditions of the Disclosure and Application. The Credit Union makes credit available to its members on a regular basis. I authorize the Credit Union to obtain credit reports in connection with future credit opportunities.

CERTIFICATION: Under the penalties of perjury I certify that the information provided on this card is true, correct and complete. I understand that the Credit Union may verify all information I have given on the Application.

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W-9 Instructions Given By: _____ **Member's Copy Given By:** _____

Membership Application verified by: _____

Authorized Signature

Date