

# Powell Schools Federal Credit Union Membership Card

Date of Application: \_\_\_\_\_

Full Name

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Please check the box if you agree:

I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Powell Schools Federal Credit Union.

Social Security or Tax ID Number: \_\_\_\_\_ -

Applicant's Signature: \_\_\_\_\_

Complete Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Is Texting an Acceptable Mode of Communicating Private PSFCU Business with You? Yes  No

Date of Birth: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

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

Department or Occupation: \_\_\_\_\_

## Designation of Beneficiary for Shares

I, \_\_\_\_\_, hereby designate the following beneficiary/ies on Account No. \_\_\_\_\_, As such he/she/they is/are entitled to shares in the said account upon my death.

Name	Contact Information (Address, phone, email)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### For office use only:

This application approved by the (Check One): Membership Officer  , Board  Executive Committee

Account Number: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_