

MEMBERSHIP APPLICATION

CU ACCT # PRINT FULL NAME EMP ID #

STREET ADDRESS CITY/TOWN/STATE ZIP CODE

Home Phone: Work Phone: Cell Phone:

EMPLOYER: TOWN OF NORMAL (Dept.?) OTHER

DATE OF BIRTH SOCIAL SECURITY NUMBER E-MAIL ADDRESS (Circle one) T OF N EMP / RET SPOUSE DEPENDANT

MOTHER'S MAIDEN NAME: SPOUSE'S FIRST NAME:

I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof of the NORMAL CITY EMPLOYEES FEDERAL CREDIT UNION. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. I understand that the field of membership is limited to: REGULAR FULL & REGULAR PART -TIME EMPLOYEES, SPOUSES OF MEMBERS, AND/OR DEPENDANTS OF MEMBERS, (prior to 18th birthday).

SIGNATURE: Date:

APPROVED BY: Board Member Membership Officer on Manager (Date)