

# Membership Application

For Office Use Only  
Member Account No. \_\_\_\_\_



816-932-5300  
Fax 932-3175

My eligibility for membership is based upon: (Please check one)

<input type="checkbox"/> Hospital or Affiliate	<input type="checkbox"/> Family Member	<input type="checkbox"/> Geographic Area
Hospital/Affiliate Name _____	Name of family member _____	Work Zip Code _____
Payroll Frequency _____	Relationship to you _____	Home Zip Code _____

Have you been a Member before? Under what name? \_\_\_\_\_

I am able to view the Credit Union's Truth and Savings disclosure  
by one of the following methods: CD Rom \_\_\_ Paper \_\_\_ Website \_\_\_

## Applicant

Name (Print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_  
 SSN (or Tax ID No): \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_

By signing below, I (we) agree to all terms listed below:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Joint Applicant

Name (Print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Driver's License #: \_\_\_\_\_  
 SSN (or Tax ID No): \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Address: \_\_\_\_\_  
 Business Phone: ( ) \_\_\_\_\_

## Payable on Death Beneficiary

Name of Beneficiary (Print): \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_

## Account Type

- Share Savings \$ \_\_\_\_\_
- Free Checking \$ \_\_\_\_\_
- Money Market \$ \_\_\_\_\_
- Christmas Club \$ \_\_\_\_\_
- College Club \$ \_\_\_\_\_
- Vacation Club \$ \_\_\_\_\_
- Youth Savings \$ \_\_\_\_\_
- Other: \$ \_\_\_\_\_
- ATM Card
- Check/Debit Card

Payroll Deduction Total Amount \$ \_\_\_\_\_

Direct Deposit  
TO: Checking  Other  \_\_\_\_\_

### Membership Agreement

**Authorization.** By signing this form you authorize the Credit Union to request information to verify your identity. By signing this form, I(we) agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein, I (we) have received and read the Agreement and Disclosures applicable to the accounts and services requester herein. If an access card or EFT service is requested and provided, I (we) agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. **Certification as to taxpayer ID number and backup withholding.** By signing this form, I(we) certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer ID Number (TIN) shown is my/the correct ID number and that I am NOT subject to backup withholdings because I have not been notified that I am as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. I am a United States person (including a U.S. Resident alien.) ■