



**MEMBERSHIP APPLICATION**

\_\_\_\_\_ Eligibility: \_\_\_\_\_  
 Prime Applicant Mother's Maiden Name: \_\_\_\_\_  
 \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Street Birth Date: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 City State ZIP Work Phone: \_\_\_\_\_

\_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_  
 Joint Applicant Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Beneficiary: \_\_\_\_\_ Percent: \_\_\_\_\_ Relationship: \_\_\_\_\_

By signing below, I/we make application for membership in Olympia Credit Union and agree to conform to its bylaws and amendments. I/We agree to the terms and conditions of the Membership and Account Agreement, Truth In Savings Rate and Fee Schedule, Funds Availability Policy, Electronic Funds Transfer Disclosure and to any amendments you may make from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Disclosure Booklet. Deposits are federally insured by the National Credit Union Administration, a U.S. Government Agency, up to \$100,000.00.

\_\_\_\_\_ Please sign me up for Credit Union Connections  
 Yes No

ACCOUNT OWNERSHIP: Please check one.  
 \_\_\_\_\_ Single Party  
 \_\_\_\_\_ Multiple Party with Right of Survivorship  
 \_\_\_\_\_ Revocable Living Trust  
 \_\_\_\_\_ Uniform Transfer/Gift to Minors Account

I irrevocably waive rights to dispose of non-probate assets under any existing or future will for my accounts at the Credit Union. I understand that the funds in my account(s) will pass outside of my will to joint owners if any are designated on my account, and further, passing to account beneficiaries if I so choose.

\_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_  
 Signature of Prime Member

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number and that I am not subject to backup withholding either because 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 the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and that I am, unless designated below, a US Person (including a US resident alien).

\_\_\_\_\_ Date: \_\_\_\_\_  
 Primary Member - Signature

\_\_\_\_\_ Date: \_\_\_\_\_  
 Joint Owner - Signature