

Simply Service FCU Membership Application

Please print this form, fill it out and fax to

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General Information:	
Will there be a co-applicant on this application? <input type="checkbox"/> No <input type="checkbox"/> Yes, 1 co-applicant <input type="checkbox"/> Yes, 2 co-applicants	
Membership Eligibility:	
<input type="checkbox"/> Employer	Employer Name:
<input type="checkbox"/> Family Member	Family Name:
<input type="checkbox"/> Community	Community Name:
Primary Applicant:	
Last Name:	Middle Name:
First Name:	Social Security Number (TIN):
Date of Birth:	Home Phone Number:
Work Phone Number:	Other Phone Number:
Email Address:	Mother's Maiden Name
I certify that: The TIN is correct and I (am / am not) subject to back-up withholding (Circle One) and I am a U.S. Person (including a U.S. Resident Alien).	
Drivers License #:	Drivers License State:
Drivers License Expiration Date:	
<i>Home Address (not P.O. Box)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:
<i>Mailing Address (if different)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
<i>Employment History</i>	
Present Employer Name:	Employer Phone Number:
Employer's Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:
References	
<i>Nearest Relative Not Living With You</i>	
Last Name:	First Name:
Relationship:	Phone Number:
Address 1:	
Address 2:	
City:	State, Zip:
A	