

Account Number _____

APPLICATION OF MEMBERSHIP
Name (To be filled in by credit union)

Type of I.D. _____ I.D. No. _____

Complete Address _____

Husband's first or Wife's maiden name _____

Employer _____ Bus. Phone _____ Home Phone _____

Dept. or Occupation _____ Place of Birth _____

Date of Birth _____ Mother's maiden name _____

Membership Eligibility _____ Soc. Sec. No or Tax Ident. No _____

By signing on the reverse side, I hereby make application for membership in and agree to conform to the bylaws and any amendments in thereof in the

UNIVERSITY SETTLEMENT 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 an conditions from time to time. This application approved by the: (Check one)

() Board () Exuc. Committee Date: _____

() Membership Officer Signed _____

Reverse side must be completed (Person representing approved of application)

(Instruction to Signer: If you have been notified by the internal Revenue Service (IRS) that you are subject to backup withholding due to payee under reporting and have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number show on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not 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 (IRS) has notified me that I am no longer subject to backup withholding.

Signature _____ Date _____