

# MEMBERSHIP APPLICATION



**Please fill out one form for each person that will be on the account and bring it with you when you come in to establish your membership. Note: You must live or work in Linn or the surrounding counties to be eligible for membership.**

## APPLICATION FOR MEMBERSHIP WITH LINN AREA CREDIT UNION

*By submitting this application to the credit union, you authorize the credit union to verify credit and employment history by any means, including preparation of a credit report by a credit reporting agency. You certify that the information on this application is true and correct.*

AUTHORIZED SIGNATURE  
(Original signature required)

DATE

MY FIRST NAME

MIDDLE NAME

LAST NAME

MY SOCIAL SECURITY NUMBER

DATE OF BIRTH

MY DRIVER'S LICENSE #

STATE OF ISSUE

Savings only

Savings & Checking

TYPE OF ACCOUNT(S) YOU WOULD LIKE TO OPEN (Please check one)

MY STREET ADDRESS

CITY

STATE

ZIP

E-MAIL ADDRESS

HOME PHONE

WORK PHONE

EMPLOYER

STATES I'VE LIVED IN OVER THE PAST FIVE YEARS

PAY ON DEATH TO (Beneficiary)

HOW DO YOU PREFER WE CONTACT YOU?

Daytime Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

