

MEMBERSHIP FORM

To take advantage of the many services offered by the credit union, you must open a share account. Simply complete this membership form and submit it. Our office will forward a membership card requiring your signature and those of joint owners if applicable. Springfield City Employees Credit Union complies with the USA PATRIOT Act (Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism) which requires the following information prior to the opening of a new member account: Name of individual or business, Photo Identification, Date of Birth, Address, Social Security Number. For non-citizens a passport, alien ID card, or Government issued photo ID will suffice. Other security information such as date of birth and mother's maiden name will be obtained on that card. Mail the card back to us with your initial deposit minimum of \$50.00.

Please complete the form and fax it to the credit union. A membership card will be mailed to you for your signature.

Full Name: _____

Your E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Cell Phone Number: _____

Social Security Number: _____ TIN Number (Business): _____

Type of Ownership: Individual Joint

If Joint, other Owner: _____

Business Account

Resolution: Individual Joint

Type of Entity: Corporation Association Club Sole Proprietorship

Partnership Nonprofit Organization Other _____

I hereby make application for membership in and agree to conform to the bylaws, as amended, of the Springfield City Employees Credit Union (the "Credit Union"). I certify that:

I am within the field of membership of this Credit Union. The information provided on this application is true and correct.

Employer: _____

Business Phone: _____

Membership Eligibility: _____

Please fax completed application to (000) 000-0000 or drop off to the Credit Union Office at 300 S. 7th Street, Room B-4, Springfield, IL 62701.