



CHENEY FEDERAL CREDIT UNION
Membership Application

Please print this form, fill it out and either fax it to 509.235.6544 to our headquarters in Cheney or 509.838.9050 to our Westbow Branch. Or mail in to PO Box 160 Cheney, WA 99004

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).	
Driver's License #:	Driver's License State:
Driver's License Expiration Date:	
Home Address (not P.O. Box)	
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:
Mailing Address (if different)	
Address 1:	
Address 2:	
City:	State, Zip:
Employment History	
Present Employer Name:	Employer Phone Number:

Employer's Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:
Signature	
The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.	
Signature:	Date:

Co-Applicant:	
Last Name:	Middle Name:
First Name:	Relationship to Primary Owner:
Social Security Number (TIN):	Date of Birth:
Home Phone Number:	Work Phone Number:
Other Phone Number:	Email Address:
Driver's License #:	Driver's License State:
Driver's License Expiration Date:	
Mother's Maiden Name:	
<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:
Signature	
The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.	
Signature:	Date:

References	
------------	--

Nearest Relative Not Living With You	
--------------------------------------	--

Last Name:	First Name:
------------	-------------

Relationship:	Phone Number:
---------------	---------------

Address 1:	
------------	--

Address 2:	
------------	--

City:	State, Zip:
-------	-------------

Additional Information	
------------------------	--

How would you prefer to be contacted?	
---------------------------------------	--

<input type="checkbox"/> Home Phone	
-------------------------------------	--

<input type="checkbox"/> Work Phone	
-------------------------------------	--

<input type="checkbox"/> Other Phone	
--------------------------------------	--

<input type="checkbox"/> Email Address	
--	--

<input type="checkbox"/> Other:	
---------------------------------	--

Special Instructions/Comments:	
--------------------------------	--