

Account Card / Application for Membership

Please print legibly. For assistance with this form, please call us at (718) 847-0202.

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I filled out this card to: [] Open a New account [] Update Existing Account Information as of							
Name (First, Last):		New Acct#					
Sígnature:		SS# / TIN#					
Date of Birth	Sex: [] Male	E-Mail Address:					
Driver's License Numbe		Mother's Maiden Name					
Home Address (No P.O. Boxes)							
Street/Apt		Home Phone Number					
City/State/Zip		Cell Phone					
Mailing Address (if same as above, skip this section)							
Street/Apt			P.O. Box				
City/State/Zip							
Reference Information							
Name/Relationship			Phone Number				
Street/Apt		City/State/Zip					
Employment Information							
Employer Location		Starting Date					
Work Phone Number	Union Affiliation Local #	Eligibility for Membership [] Union Member [] Employee [] Relative of Member					
Type of Account Ownership							
[] Individual [] Joint With Survivorship [] Trustee [] Association/Corporation							
	Joint Ov	vner/Trustee Informa					
Name (First, Last):			SS# / TIN#				
Sígnature:			Relation to Primary Owner				
Date of Birth Sex: [] Male [] Female			E-Mail Address:				
Driver's License Number & State			Mother's Maiden Name				
Street/Apt.		Home Phone Number					
City/State/Zip							
Employer/Location			Work Phone Number				

	Beneficiary Information							
Primary Beneficiary (Last, I	First, Middle)	Home Phone	Home Phone Number					
SS# / TIN#	Work Phone	Work Phone Number						
Street/Apt.		City/State/Zi	City/State/Zip					
Secondary Beneficiary (Last	, First, Middle)	Home Phone	e Number					
SS# / TIN#		Work Phone	Number					
Street/Apt.		City/State/Zi	ip					
	Account T	Types Requested						
[X] Share (Mandatory) [] Share Draft (Checking)) [] Share Certificate	[] Money Market					
The USA Patriot Act requires cred and money laundering activities. each person who opens an account that terrorists commit to finance the IRS Certification:	Federal law requires all finant. These new procedures are	icial institutions to obtain, veri designed to prevent crimes, su	ify and record information	that identifies				
Under penalties of perjury, I number, that I am not subject				on				
Signature	Date							
If the account is designated as any earnings thereon, shall be account, all sums in the accour property and estate.	owned by us jointly with	h the right of survivorship	. On the death of one	party to the joint				
By signing below, I/we acknow Act flyer. I/we agree to be Agreements. I/we agree to commended or adopted hereafter. Regulations, Bylaws, and Pol Union, I/we authorize you to use credit reports when considered to subscribe for at least of	bound by the terms and onform to the Credit Union. I/we agree to pay any chicies. By applying for me check my credit and employering my/our application.	conditions set forth in yon's Rules, Regulations, By narges or fees which may be embership in the Northeas ployment history and I/we	our Disclosure Statemerylaws, and Policies now be required or assessed tern Operating Engineer te understand that you	ents and Accoun w in effect and as under such Rules ers Federal Credi may request and				
Signature	Date	Signature	Date					
For Credit Union Use Only:		rary is required: erson appeared before me _	day of	20				
Date Approved:	_							
Opened By:	— Notary	Signature						
Verified By:								

(stamp)