Pennstar FCU Membership Application Please print this form, fill it out and fax to

| General Information: | | | | |
|---|-----------------|---------------------------------------|--|--|
| Will there be a co-applicant on this application? No Yes, 1 co-applicant Yes, 2 co-applicants | | | | |
| Membership Eligibility: | | | | |
| Employer Employer Name: | | | | |
| Family Member | Family Name: | | | |
| Community | Community Name: | | | |
| Primary Applicant: | | | | |
| | | Middle Name: | | |
| First Name: | | Social Security Number (TIN): | | |
| Date of Birth: | | Home Phone Number: | | |
| Work Phone Number: | | Other Phone Number: | | |
| Work 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). | | | | |
| Drivers License #: | | Drivers License State: | | |
| Drivers License Expiration Date: | | | | |
| Home Address (not P.O. Box) | | | | |
| Address 1: | | | | |
| Address 2: | | | | |
| City: | | State, Zip: | | |
| Time at Current Residence: | | Residence Type: 🔽 Own 🔽 Rent 🔽 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: | | |
| 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? Home Phone Work Phone Other Phone Email Address Other: Special Instructions/Comments: | | | | |

| 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: | | |
| | Print this page | | | |

If this is for a joint account Print this page and then click <u>here</u> for the co-applicant form.