

Keystone United Methodist Federal Credit Union Membership Application

Please print this form, fill it out and fax to **(724)776-1377**

[Fillable Form](#)

General Information:

Will there be a co-applicant on this application?	No	Yes, 1 co-applicant	Yes, 2 co-applicants
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Membership Eligibility:	
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Employer	Employer Name:
Family Member	Family Name:
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 (Check One) and
 I am a U.S. Person (including a U.S. Resident Alien).

Drivers License #:	Drivers License State:
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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:
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Co-Applicant Information

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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:
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