

☐ PERSONAL ACCOUNT ☐ UNDOCUMENTED TRUST

PRIMARY ☐ TRUSTEE

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ MX ☐ Female ☐ Male ☐ X

First Name Initial Last Name

SIN Date of Birth Home Owner Status

IDENTIFICATION

ID Type #1	ID Number	ID Type #2	ID Number
Country of Issue	Place of Issue	Country of Issue	Place of Issue
ID Expiry Date	ID Expiry Date		

ADDRESS

Address

City Prov/State & Country Postal Code/Zip

CONTACT DETAILS

Home Phone Cell Phone Email

Preferred Method of Contact Preferred Contact Time

EMPLOYMENT INFO

Employment Status Employer's Name Detailed Occupation

Employer's Business Work Phone

BENEFICIARY NAME (One beneficiary per membership)

First Name Initial Last Name

Address City Prov/State & Country Postal Code/Zip

☐ New Membership ☐ Revised Membership

Membership Open Date: _____

Membership Number: _____

Branch of Origination: _____

JOINT ☐ TRUSTEE

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ MX ☐ Female ☐ Male ☐ X

First Name Initial Last Name

SIN Date of Birth Home Owner Status

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COAST CAPITAL SAVINGS FEDERAL CREDIT UNION

AGREE TO MEMBERSHIP TERMS

I/We apply to open a Coast Capital Savings Membership.

I/We have received the Coast Capital Savings Account and Service Agreement and agree to be bound by its terms and conditions.

Primary Member Signature

Date

Joint Member Signature

Date

