|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | |  |  | | |
|  |  |  | New Membership  Revised Membership | | |
| **Personal Account** | **Undocumented Trust** |  | Membership Open Date: |  |  |
|  | |  | Membership Number: |  |  |
|  | |  | Branch of Origination: |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PRIMARy  Trustee** | | | | | | | | | | |  |  | **JOINT  Trustee** | | | | | | | | | | | |
| Mr.  Mrs.  Ms.  Miss  MX | | | | | | | Female  Male  X | | | |  |  | Mr.  Mrs.  Ms.  Miss  MX | | | | | | | Female  Male  X | | | | |
|  | | | |  | |  | | | | |  |  |  | | | | |  | | |  | | | |
| *First Name* | | | | *Initial* | | *Last Name* | | | | |  |  | *First Name* | | | | | *Initial* | | | *Last Name* | | | |
|  | | |  | | | | | |  | |  |  |  | | | |  | | | | | |  | |
| *SIN* | | | *Date of Birth* | | | | | | *Home Owner Status* | |  |  | *SIN* | | | | *Date of Birth* | | | | | | *Home Owner Status* | |
| **IDENTIFICATION** | | | | | | | | | | |  |  | **IDENTIFICATION** | | | | | | | | | | | |
|  | |  | | | |  | | | |  |  |  |  |  | | | | |  | | | | |  |
| ***ID Type #1*** | | *ID Number* | | | | ***ID Type #2*** | | | | *ID Number* |  |  | ***ID Type #1*** | *ID Number* | | | | | ***ID Type #2*** | | | | | *ID Number* |
|  | |  | | | |  | | | |  |  |  |  |  | | | | |  | | | | |  |
| *Country of*  *Issue* | | *Place of*  *Issue* | | | | *Country of*  *Issue* | | | | *Place of Issue* |  |  | *Country of*  *Issue* | *Place of Issue* | | | | | *Country of Issue* | | | | | *Place of*  *Issue* |
|  | |  | | | |  | | | |  |  |  |  |  | | | | |  | | | | |  |
| *ID Expiry Date* | |  | | | | *ID Expiry Date* | | | |  |  |  | *ID Expiry Date* |  | | | | | *ID Expiry Date* | | | | |  |
| **ADDRESS** | | | | | | | | | | |  |  | **ADDRESS** | | | | | | | | | | | |
|  | | | | | | | | | | |  |  |  | | | | | | | | | | | |
| *Address* | | | | | | | | | | |  |  | *Address* | | | | | | | | | | | |
|  | | |  | | | | | |  | |  |  |  | | |  | | | | | | |  | |
| *City* | | | *Prov/State & Country* | | | | | | *Postal Code/Zip* | |  |  | *City* | | | *Prov/State & Country* | | | | | | | *Postal Code/Zip* | |
| **CONTACT DETAILS** | | | | | | | | | | |  |  | **CONTACT DETAILS** | | | | | | | | | | | |
|  | | |  | | | | | |  | |  |  |  | | | |  | | | | | |  | |
| *Home Phone* | | | *Cell Phone* | | | | | | *Email* | |  |  | *Home Phone* | | | | *Cell Phone* | | | | | | *Email* | |
|  | | | | | |  | | | | |  |  |  | | | | | |  | | | | | |
| *Preferred Method of Contact* | | | | | | *Preferred Contact Time* | | | | |  |  | *Preferred Method of Contact* | | | | | | *Preferred Contact Time* | | | | | |
| **EMPLOYMENT INFO** | | | | | | | | | | |  |  | **EMPLOYMENT INFO** | | | | | | | | | | | |
|  | | |  | | | | | |  | |  |  |  | | | |  | | | | | |  | |
| *Employment Status* | | | *Employer’s Name* | | | | | | *Detailed Occupation* | |  |  | *Employment Status* | | | | *Employer’s Name* | | | | | *Detailed Occupation* | | |
|  | | | | | | | |  | | |  |  |  | | | | | |  | | | | | |
| *Employer’s Business* | | | | | | | | *Work Phone* | | |  |  | *Employer’s Business* | | | | | | *Work Phone* | | | | | |
|  | | | | | | | |  | | |  |  |  | | | | | |  | | | | | |
| **BENEFICIARY NAME *(One beneficiary per membership)*** | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | |  | | | | |  | | | | | | | | | | | |
|  | *First Name* | | | | *Initial* | | | *Last Name* | | |  |  |  | | | | | | | | | | | |
|  |  | | | | | | | | | |  |  | | |  | | | | | | | | |  |
|  | *Address* | | | | | | | | | |  | *City* | | | *Prov/State & Country* | | | | | | | | | *Postal Code/Zip* |

**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* |