



Membership Application

PRIMARY MEMBER (PLEASE PRINT – All items must be completed)

Last Name		First Name	Middle Name	Taxpayer ID/Social Security Number	
Street Address / /		City	State ZIP ()	Driver's License Number ()	State
Birth date (mm/dd/yy)	City of Birth	Mother's Maiden Name	Residence Telephone	Business Telephone/Ext.	
E-mail Address	Employer	<input type="checkbox"/> Homeowner	<input type="checkbox"/> Renter	<input type="checkbox"/> Other	Promo Code: _____

JOINT OWNER (PLEASE PRINT – All items must be completed)

Last Name		First Name	Middle Name	Taxpayer ID/Social Security Number	
Street Address / /		City	State ZIP ()	Driver's License Number ()	State
Birth date (mm/dd/yy)	City of Birth	Mother's Maiden Name	Residence Telephone	Business Telephone/Ext.	
E-mail Address	Employer	Relationship to Primary Member			

MEMBERSHIP ELIGIBILITY (SELECT ONE OF THE FOUR – All items in your selection must be completed)

1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. Live/Work/Worship/Attend school in:
Employment at: (Company Name)	Contract Employee of: (Company Name)	<input type="checkbox"/> Santa Clara County
		<input type="checkbox"/> San Mateo County
		<input type="checkbox"/> Alameda County
		<input type="checkbox"/> Contra Costa County
		<input type="checkbox"/> Sacramento County
		<input type="checkbox"/> Santa Barbara County
		<input type="checkbox"/> Designated areas of Ventura County
4. _____	Relationship to Member	Family Member's KeyPoint Credit Union Account Number
Family Member of: (Primary Member Name)		

ACCOUNTS (SELECT ALL THAT APPLY)

☐ Checking ☐ Savings ☐ Money Market ☐ Certificate ☐ Loan ☐ IRA (Individual Retirement Acct) ☐ Please mail statements _____
(Initials req'd)

CHECKING OVERDRAFT PROTECTION (PLEASE PRINT)

INSTRUCTIONS: Indicate the account number of the account(s) you wish to debit in the event of an overdraft. (Line of credit transfers are made in \$50 increments; If an overdraft option is not selected, checks may automatically be returned). Overdrafts are to be covered by transferring funds from:

First Overdraft Account Number _____ Second Overdraft Account Number _____

PAY-ON-DEATH (PLEASE PRINT)

INSTRUCTIONS: If this is a joint account, in the event of the death of one of the joint owners, the other joint owner retains full ownership of all funds in the account. If this is an individual account, then upon the death of the individual owner, funds in the accounts covered by this application will be payable to the individuals named below. If no percentages are shown, distribution will default to equal division.

%	Name (First & Last)	Address (Street, City, State, ZIP)
%	Name (First & Last)	Address (Street, City, State, ZIP)

SIGNATURE

INSTRUCTIONS: By completing this application, I request membership in KeyPoint Credit Union. I agree to abide by the laws and bylaws in all dealings with KeyPoint Credit Union. The information that I have stated on the application is true and complete. You are authorized to check my credit history, including verification of information on this application. I acknowledge receipt of and agree that all of my KeyPoint Credit Union accounts will be subject to the KeyPoint Credit Union Master Disclosure/Truth-in-Savings Disclosure and Fee Disclosure as amended from time to time. **By signing below, I certify under penalty of perjury that the Taxpayer ID/Social Security number provided on this application is correct and that I am not subject to backup withholding due to underreporting of dividends or interest. I also certify that I am a U.S. person (includes a U.S. resident alien). The IRS does not require my consent to any provisions of the application other than the certification to avoid backup withholding. * NOTICE * Membership Fee of \$35 is required with all applications.**

Primary Member Signature	Date	Joint Member Signature	Date
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OFFICE USE ONLY

Membership Account Number: _____	<input type="checkbox"/> New <input type="checkbox"/> Waived	Date: ____/____/____	Staff Initials: _____
<input type="checkbox"/> Revised Signature Card: (check all that apply) <input type="checkbox"/> Name Change <input type="checkbox"/> Adding Joint <input type="checkbox"/> Other _____			
Account Opened by (First & Last Name) / Cash Box Number	<input type="checkbox"/> Chexsystems	Manager/Supervisor Approval (I certify that I have checked all of the above information)	