

MEMBERSHIP APPLICATION (SHORT FORM)

SECTION 1	PRIMARY ACCOUNT HOLDER INFORMATION		INFORMATION MEMBERSHIP NUMBER:	
	LAST NAME		MS. MR. MRS. (circle one)	
	DRIVER'S LICENSE, STATE OR OTHER ID# / TYPE / ISSUING AGENCY / EXP DATE		MOTHER'S MAIDEN NAME	
	RESIDENTIAL ADDRESS		CITY	
	MAILING ADDRESS		STATE & ZIP	
	HOME PHONE #		WORK/DAYTIME PHONE #	
	EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME)		SCHOOL / OCCUPATION	
	EMPLOYER OR SCHOOL ADDRESS		RETIRED / UNEMPLOYED / STUDENT (circle one)	
SECTION 2	MEMBERSHIP ELIGIBILITY		I AM ELIGIBLE TO JOIN KINECTA PURSUANT TO MY MEMBERSHIP IN THE CONSUMERS COOPERATIVE SOCIETY OF SANTA MONICA, INC. (SEE ATTACHED APPLICATION) A \$5 MINIMUM SAVINGS ACCOUNT DEPOSIT IS REQUIRED FOR MEMBERSHIP.	
	*There is a paper statement processing fee per deposit statement (such as checking, savings, or money market accounts.) To save on this fee, log on to www.kincta.org to sign up for free and secure online banking and electronic statements			
	JOINT OWNER INFORMATION			
	NAME (FIRST, MIDDLE LAST)		MS. MR. MRS. (circle one)	
	STREET ADDRESS / CITY / STATE & ZIP		SOCIAL SECURITY #	
	EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME)		DATE OF BIRTH	
	EMPLOYER OR SCHOOL ADDRESS		DAYTIME PHONE #	
	MEMBERSHIP ELIGIBILITY		DRIVER'S LICENSE # \ STATE	
SECTION 3	PART 1 Taxpayer Identification Number (TIN)			
	Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).		Social Security Number	
			Employer Identification Number	
	PART 2 Certification			
	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and; 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and; 3. I am a U.S. citizen or other U.S. person. 4. I am exempt from FATCA reporting. Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.			
	Sign Here		Signature of U.S. person ►	
			Date ►	
SECTION 4	ACCOUNT AGREEMENT			
	I AGREE TO CONFORM TO THE CREDIT UNION BY-LAWS, THE TERMS AND CONDITIONS OF THE MEMBERSHIP APPLICATION AND AGREEMENTS & DISCLOSURES (SHARE ACCOUNTS, TRUTH IN SAVINGS, ELECTRONIC SERVICES AND PRIVACY POLICY). I HEREBY APPLY FOR MEMBERSHIP AND I AUTHORIZE KINECTA FEDERAL CREDIT UNION TO VERIFY ALL THE INFORMATION SUPPLIED HEREIN; AND TO VERIFY MY/OUR CREDITWORTHINESS.			
	PRIMARY ACCOUNT HOLDER SIGNATURE: _____		DATE: _____	
	JOINT ACCOUNT HOLDER SIGNATURE: _____		DATE: _____	
	BENEFICIARY INFORMATION			
	PAY-ON-DEATH PROVISIONS: IN THE EVENT OF MY DEATH, I HEREBY DESIGNATE THE FOLLOWING BENEFICIARY TO SHARE EQUALLY. THIS DESIGNATION IS APPLICABLE TO ALL SELECTED ACCOUNTS IN (SECTION 3) UNLESS OTHERWISE INDICATED.			
	PAYEE		RELATIONSHIP	
	DATE OF BIRTH		SOCIAL SECURITY #	
KINECTA/SMCOOP USE ONLY				
NEW MEMBER NUMBER		CO-OP NUMBER		
MEMBERSHIP OFFICER APPROVAL		DATE		
		REP #		
		OFFICE #		

MEMBERSHIP APPLICATION

SECTION 1	MEMBER INFORMATION				
	LAST NAME		MS. MR. MRS. (circle one)	FIRST NAME & MIDDLE INITIAL	SOCIAL SECURITY #
	RESIDENTIAL ADDRESS		CITY		STATE & ZIP
	MAILING ADDRESS		CITY		STATE & ZIP
	HOME PHONE #	WORK/DAYTIME PHONE #		EMAIL ADDRESS	

I am applying for membership in the Consumers Cooperative Society of Santa Monica, Inc. (Santa Monica Co-Op). I agree to abide by the by-laws of the Santa Monica Co-Op and to cooperate with the other members in promoting the objectives of the organization as set forth in the by-laws. A copy of the by-laws is on file at the Consumers Cooperative Society of Santa Monica, Inc., 3027 Wilshire Blvd., Santa Monica, California 90403-2301, and available online at www.ccsm.org under "About." A description of the Santa Monica Co-Op and its objectives will be provided to me either in person, by mail or email.

- Membership in the Santa Monica Co-Op is held as a single person.
- Membership becomes effective on receipt of a \$10 membership share.
- Continued membership in the Santa Monica Co-Op will be subject to an annual membership renewal fee of \$10.00.
- Except for an individual under the age of eighteen (18), all members shall have one (1) vote on all voting occasions.

I agree that an electronically transmitted copy of this document shall be considered as an original document and shall be admissible as evidence in any court of competent jurisdiction.

☐ I would like to receive all Co-Op member notices in electronic format (e-mail.)

MEMBER SIGNATURE: _____ DATE: _____

FOR CO-OP USE ONLY			
CO-OP MEMBERSHIP NUMBER			
MEMBERSHIP OFFICER APPROVAL	DATE	REP #	OFFICE #