

Membership is as Easy as 1-2-3!

VA Desert Pacific Federal Credit Union
"People helping people meet financial needs"

FOR CREDIT UNION USE ONLY

Member Name (Last Name, First)	Member Account Number
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Owner's Account Shall Be: Individual Joint* With Pay-On-Death Provision*
(*If Joint Owner or Pay-On-Death option(s) selected, please complete reverse)

I/We hereby apply for a Share Account with Electronic Services including E-Statements in accordance with credit union policy:
 YES NO

If NO is selected above: I/We acknowledge that there will be a \$3 monthly service charge for paper statements

MEMBER INFORMATION

MEMBER NAME (PLEASE PRINT)		SOCIAL SEC NO.	
ADDRESS (No. & Street/Apt. No.)	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE		
CELL PHONE	E-MAIL		
CA DRIVER LIC. #	EXP.	DATE OF BIRTH	
OCCUPATION	MMN (Mother's Maiden Name)		

JOINT OWNER INFORMATION (continued on reverse of card)

JOINT OWNER NAME (1) – (PLEASE PRINT)		SOCIAL SEC NO.	
ADDRESS (No. & Street/Apt. No.)	CITY	STATE	ZIP
HOME PHONE	BUSINESS PHONE		
CELL PHONE	E-MAIL		
CA DRIVER LIC. #	EXP.	DATE OF BIRTH	
OCCUPATION	MMN (Mother's Maiden Name)		

(2) ELIGIBILITY AND ACCOUNT INFORMATION

My eligibility to join the credit union is because (check one): VADPHN/VISN22
 Relative _____ (Relationship) of _____ (Current Member)

Current Member/Relative Address: _____

Work Phone No.: _____ Home Phone No.: _____

(3) SIGNATURE(S) – For Compliance:

I/We hereby agree to the *Signature Provisions* section and Certification on the reverse of this card.

X MEMBER SIGNATURE	DATE
X JOINT OWNER SIGNATURE (1)	DATE
X JOINT OWNER SIGNATURE (2)	DATE

