

PWC Employees CU Membership

Application Please print this form, fill it out and fax to (703) 680-5998
bring or send it with IDs (copies of IDs if you mail it) and the opening deposit to the Credit Union.

| General Information: | |
|--|--|
| Will there be a co-applicant on this application? <input type="checkbox"/> No <input type="checkbox"/> Yes, 1 co-applicant <input type="checkbox"/> Yes, 2 co-applicants | |
| Membership Eligibility: | |
| <input type="checkbox"/> Employer | Employer Name: |
| <input type="checkbox"/> Family Member | Family Name: |
| <input type="checkbox"/> Community | Community Name: |
| Primary Applicant: | |
| Last Name: | Middle Name: |
| First Name: | Social Security Number (TIN): |
| Date of Birth: | Home Phone Number: |
| Work Phone Number: | Other Phone Number: |
| Email Address: | Mother's Maiden Name: |
| I certify that: The TIN is correct and I <input type="checkbox"/> am <input type="checkbox"/> am not subject to back-up withholding and I am a U.S. Person (including a U.S. Resident Alien). | |
| Driver's License #: | Driver's License State: |
| Driver's License Expiration Date: | |
| <i>Home Address (not P.O. Box)</i> | |
| Address 1: | |
| Address 2: | |
| City: | State, Zip: |
| Time at Current Residence: | Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other: |
| <i>Mailing Address (if different)</i> | |
| Address 1: | |
| Address 2: | |
| City: | State, Zip: |
| <i>Employment History</i> | |
| Present Employer Name: | Employer Phone Number: |
| Employer's Address 1: | |
| Employer's Address 2: | |
| City: | State, Zip: |
| Job Title: | Job Start Date: |
| References | |
| <i>Nearest Relative Not Living With You</i> | |
| Last Name: | First Name: |
| Relationship: | Phone Number: |
| Address 1: | |
| Address 2: | |
| City: | State, Zip: |
| Additional Information | |
| How would you prefer to be contacted? <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Other Phone <input type="checkbox"/> Email Address <input type="checkbox"/> Other: | |
| Special Instructions/Comments: | |
| Signature | |
| The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding. | |
| Signature: | Date: |