



Membership Application

Please follow these steps to ensure prompt processing of your membership application.

1) Print out the application and mail the completed form back to:

Municipal Credit Union
Church Street Station
P.O. Box 3205
New York, NY 10007
Attn: New Accounts

2) Fill out the Sponsorship Card and mail it back with the application only if your eligibility for membership falls under the category of immediate family member or member of the same household of an MCU member.

3) Once we receive the forms and have reviewed your request, we will mail you an acceptance/declination letter detailing your next steps.

<i>For Credit Union Use Only</i>	Basis for Membership:
Account Number:	

PLEASE TELL US ABOUT YOURSELF	<input type="checkbox"/> ChexSystems:
--------------------------------------	---------------------------------------

▶

Last Name	First Name	Middle Name	Suffix (Jr, 2 nd)
-----------	------------	-------------	-------------------------------

Date of Birth	Social Security Number	Mother's Maiden Name	Home Phone Number
---------------	------------------------	----------------------	-------------------

Street Address (including Apt. #)	City	State	Zip Code
-----------------------------------	------	-------	----------

Mailing Address (including Apt. #) *if different than above	City	State	Zip Code
---	------	-------	----------

Employer	Work Phone Number	Cell Phone Number
----------	-------------------	-------------------

Work Address	City	State	Zip Code
--------------	------	-------	----------

Email Address

<i>For Credit Union Use Only</i>			
ID 1 Type	ID 1 Number	ID 1 Description	ID 1 Expiration Date
ID 2 Type	ID 2 Number	ID 2 Description	ID 2 Expiration Date
ID 3 Type	ID 3 Number	ID 3 Description	ID 3 Expiration Date

JOINT OWNER INFORMATION	<input type="checkbox"/> ChexSystems:
--------------------------------	---------------------------------------

▶

Last Name	First Name	Middle Name	Suffix (Jr, 2 nd)
-----------	------------	-------------	-------------------------------

Date of Birth	Social Security Number	Mother's Maiden Name	Home Phone Number
---------------	------------------------	----------------------	-------------------

Street Address (including Apt. #)	City	State	Zip Code
-----------------------------------	------	-------	----------

Mailing Address (including Apt. #) *if different than above	City	State	Zip Code
---	------	-------	----------

Employer	Work Phone Number	Cell Phone Number
----------	-------------------	-------------------

Work Address	City	State	Zip Code
--------------	------	-------	----------

Email Address

<i>For Credit Union Use Only</i>			
ID 1 Type	ID 1 Number	ID 1 Description	ID 1 Expiration Date
ID 2 Type	ID 2 Number	ID 2 Description	ID 2 Expiration Date
ID 3 Type	ID 3 Number	ID 3 Description	ID 3 Expiration Date



MEMBERSHIP APPLICATION

BENEFICIARY INFORMATION (optional)

▶

Last Name	First Name	Middle Name	Suffix (Jr, 2 nd)
Date of Birth	Social Security Number	Relationship to member	Home Phone Number
Street Address (including Apt. #)		City	State Zip Code

BENEFICIARY INFORMATION (optional)

▶

Last Name	First Name	Middle Name	Suffix (Jr, 2 nd)
Date of Birth	Social Security Number	Relationship to member	Home Phone Number
Street Address (including Apt. #)		City	State Zip Code

Accounts/Services To Open:

- | | | | |
|---|--|--|---|
| <input checked="" type="checkbox"/> Primary Share | <input type="checkbox"/> FasTrack Checking | <input type="checkbox"/> ATM / VISA Debit Card | <input type="checkbox"/> Alternative Checking |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Touch Tone Teller | <input type="checkbox"/> MCU Online Banking | <input type="checkbox"/> Order Checks |
| <input type="checkbox"/> Check Imaging | <input type="checkbox"/> ATM / VISA Debit Card for Joint Owner | | |
- (\$2.50 fee/month if combined balance in all accounts under \$2,000)

I hereby apply for membership and subscribe for at least one share (\$5.00) in the Municipal Credit Union and agree to conform to its By-Laws and amendments thereof. I agree to be governed by the Account Agreement, Rules and Regulations and Schedule of Dividends, Service Charges and Fees of the Municipal Credit Union applicable to Share, FasTrack Checking, Vacation, Holiday and Money Market accounts as now in effect and as from time to time amended. I agree to be bound by the terms and conditions contained in the MCU Cash Connection, MCU ATM/Check Card, Touch Tone Teller, and/or MCU OnLine Agreements which will be mailed to me if I elect to receive such service(s). I certify that the information I have provided in this Application is true to the best of my knowledge or belief.

I understand that the designations made on this application will apply to all MCU deposit accounts that are or will be in the future maintained under the same root account number (except IRA, Youth Club, and Share Certificate accounts), and will have the effect of revoking all previous designations made with regard to such accounts.

If a joint tenant has been designated on this application, it is agreed that these accounts be payable to either of us and upon the death of one of us, to the survivor. Also, it is agreed that any joint tenant may, without the consent of or notice to the other, pledge all or any part of the shares in these accounts as collateral security for a loan with MCU. If a beneficiary (beneficiaries) has (or have) been designated on this application, it is agreed that this is a voluntary and revocable trust, and that upon my/our death, the funds in these accounts, and all other deposit accounts maintained under the same root account number (except IRA, Youth Club, and Share Certificate accounts), will become the property of the named beneficiary or beneficiaries who are alive at the time of my/our death in equal proportions. If both a joint tenant and a beneficiary (or beneficiaries) have been designated on this application, it is agreed that the beneficiary(ies) will only acquire an interest in these accounts upon the death of the last surviving joint tenant.

By signing below, I/we authorize Municipal Credit Union to perform a credit investigation including the verification of the information on this application. Verification of income and employment may also be required.

Under penalties of perjury, I certify (1) that the number shown on this form is my current taxpayer identification number; and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of failure to report all interest or dividends, or because the Internal Revenue Service has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or a U.S. resident alien. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Owner Signature	Date
Joint Owner Signature	Date

<i>For Credit Union Use Only</i>		
Sponsor Account Number	Branch Name	Member Service Representative



PO Box 3205
 Church Street Station
 New York, NY 10007
 (212) 693-4900

SPONSORSHIP CARD

MEMBERSHIP ELIGIBILITY CARD
 (Based on Relationship)

Member Account # _____

Member Name: _____

Applicant Name: _____

Basis for Membership:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Siblings (i.e., brothers/sisters) | <input type="checkbox"/> Stepsiblings (i.e., stepbrothers/stepsisters) |
| <input type="checkbox"/> Stepparents | <input type="checkbox"/> Lineal Ancestors (i.e., parent, grandparent) | <input type="checkbox"/> Persons living in the same residence and |
| <input type="checkbox"/> Stepchildren | <input type="checkbox"/> Lineal Descendants (i.e., child, grandchild) | maintaining a single economic unit |

I certify that the above information is true and correct.

 Member Signature

 Date

 Applicant Signature

 Date

For MCU use only:

New Member Account No.: _____