

Membership Application

USA PATRIOT ACT NOTICE: To help the government fight funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying documents.

Primary Member (PLEASE PRINT - All items must be completed)

Last Name		First Name		Middle Name		Photo ID Type	
Current Address		City		State		ZIP	
Mailing Address		City		State		ZIP	
Employer Name		Occupation		City		State	
/ /		You are: <input type="checkbox"/> a U.S. Citizen <input type="checkbox"/> a Lawful Permanent U.S. Resident <input type="checkbox"/> Other (describe):				Issue Date	
Taxpayer ID / Social Security Number		(W9 required for foreign status)				Expiration Date	
/ /		()		()		()	
Birth date (mm/dd/yy)		City of Birth		Mother's Maiden Name		Residence Telephone	
						Business Telephone/Ext.	
				YES NO			
Are you a senior foreign political figure or a close associate of a senior foreign political figure?		<input type="checkbox"/> <input type="checkbox"/>		E-mail Address		Work E-mail Address	
				<input type="checkbox"/> Homeowner <input type="checkbox"/> Renter <input type="checkbox"/> Other ()			
						Cell Phone	

Joint Owner if Desired for Share Accounts (PLEASE PRINT - All items must be completed)

Last Name		First Name		Middle Name		Photo ID Type	
Current Address		City		State		ZIP	
Mailing Address		City		State		ZIP	
Employer Name		Occupation		City		State	
/ /		You are: <input type="checkbox"/> a U.S. Citizen <input type="checkbox"/> a Lawful Permanent U.S. Resident <input type="checkbox"/> Other (describe):				Issue Date	
Taxpayer ID / Social Security Number		(W9 required for foreign status)				Expiration Date	
/ /		()		()		()	
Birth date (mm/dd/yy)		City of Birth		Mother's Maiden Name		Residence Telephone	
						Business Telephone/Ext.	
				YES NO			
Is joint owner a senior foreign political figure or a close associate of a senior foreign political figure?		<input type="checkbox"/> <input type="checkbox"/>		E-mail Address		Work E-mail Address	
						()	
				Relationship to Primary Member		Cell Phone	

Membership Eligibility (SELECT ONE OF THE FOUR - All items in your selection must be completed)

1. Employment at: (Company Name) 2. Contract Employee of: (Company Name) 3. Live Work Worship Attend School County (select one):
 Alameda County Contra Costa County El Dorado County Placer County Sacramento County San Mateo County Santa Barbara County Santa Clara County Designated Areas of Ventura County

4. Family Member of: (Primary Member Name) Relationship to Member Family Member's KeyPoint Credit Union Account Number

Accounts (SELECT ALL THAT APPLY)

<input type="checkbox"/> Checking <input type="radio"/> Basic <input type="radio"/> Unlimited <input type="radio"/> Dividend <input type="radio"/> Preferred Unlimited <input type="radio"/> Preferred Dividend <input type="radio"/> Student Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Money Market	<input type="checkbox"/> Certificate Term _____ <input type="checkbox"/> Loan Only (Separate Loan Application Required)	<input type="checkbox"/> IRA <input type="radio"/> Flex IRA Savings <input type="radio"/> Contributory Flex IRA Money Market <input type="radio"/> Educational Savings <input type="radio"/> Health Savings <input type="radio"/> Certificate Term _____
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