

New Account Information / Membership Application

Complete this form and bring it with you to your nearest Western Member Solution Center.
This completed form will include private financial information. Please keep it secure to protect your information and identity.

- | | | |
|--|---|--|
| <input type="checkbox"/> New Member | <input type="checkbox"/> Checking Account | <input type="checkbox"/> Share Certificate |
| <input type="checkbox"/> Statement Savings Account | <input type="checkbox"/> Safe Deposit Box | <input type="checkbox"/> Other _____ |

PRIMARY APPLICANT

First Name M.I. Last Name

 Rent Own

Street Address

City State Zip Code

Mailing Address (If different from above)

City State Zip Code

() ()

Home Phone Work Phone

Email Address Social Security #

Eligibility to Join (Please note qualifying Employer, Community or Zip Code.):

 _____ _____

Employer Community or School District Zip Code

 _____ _____ _____

Driver's Licence# State Issue Date Exp. Date

Employer's Name Occupation

Mother's Maiden Name

How did you hear about Western Credit Union?

Why did you choose Western Credit Union?

Please check the following for more information on:

- | | | |
|---|--|--|
| <input type="checkbox"/> Online Banking | <input type="checkbox"/> Entertainment Discounts | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Checking Account Options | <input type="checkbox"/> Home Loans/Mortgages | <input type="checkbox"/> Spanish-Language Services |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Insurance | <input type="checkbox"/> Youth Accounts |
| <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Loans | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Credit Cards | <input type="checkbox"/> Retirement Accounts | |

The USA PATRIOT Act requires Western Credit Union to obtain information and/or documentation to verify your identity.