



Account # _____

<input type="checkbox"/>	Debit/ ATM Ordered
<input type="checkbox"/>	Checks Requested
<input type="checkbox"/>	Checks Ordered
<input type="checkbox"/>	Home Banking

CREDIT UNION MEMBERSHIP APPLICATION/ACCOUNT CARD

Type of Account: ___ Savings ___ Checking ___ E-Statements (initial)

Member Information:

Name: _____ Social Security# _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work (____) _____

Email: _____

Birth Date: ____ / ____ / ____ Drivers License # (indicate if other ID) _____

Employer: _____

Eligibility for Membership:

Please check both if both apply

___ Olympia Food Co-op Member

___ Low-Income Thurston County Resident

Please designate the ownership of this account:

___ Individual ___ Joint Account ___ Signer ___ Minor/Gift to Minor

If Joint Account, please give joint information below:

Name: _____ Social Security # _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home (____) _____ Work (____) _____

Email: _____

Date of Birth: ____ / ____ / ____ Drivers License # _____

Employer: _____

This account ___ DOES ___ DOES NOT include right of survivorship

Signatures required for withdrawal: ___ One ___ Two

Reference:

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ Relationship: _____

Beneficiary/ Trust Account Information: This account shall be payable on death

Beneficiary Name: _____ Relationship: _____

Social Security # _____ - _____ - _____ Date of Birth ____ / ____ / _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

TIN Certification and Backup Withholding Information:

By signing, below, under penalties of perjury, I certify that (1) I am a U.S. person (including a U.S resident alien), (2) the Social Security Number (SSN) shown on this form is my correct taxpayer identification number and (3) that I am NOT, unless designated below, subject to backup withholding either because I have not been notified that I am subject to backup withholding, as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt I am subject to backup withholding I AM NOT a U.S. citizen or U.S. person
(complete form W-8BEN)

Authorization:

By signing below, I/we make application for membership in The Tulip Cooperative Credit Union and agree to conform by its bylaws and amendments. I/we agree to the terms and condition of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, ATM/Electronic Funds Transfer Disclosure and to any amendments the credit union may take from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the credit union's disclosures applicable to the accounts requested.

Primary Member- Signature _____ Date: _____

Joint Owner- Signature _____ Date: _____

For Credit Union Use ONLY

Date of Membership: _____ Opened by: _____ Member Verification: _____

Account Name: _____ Account Number: _____

Draft Code: _____ Telecheck Verify: _____ Non-Dividend Earning: _____

Date Closed: _____ Signature of Member/Staff Closing: _____