

G.A.P. Federal Credit Union Membership Application

Please print this form, fill it out, and fax/email/bring in to any office.

General Information

Membership Eligibility

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Employer | Employer Name: |
| <input type="checkbox"/> Family Member | Family Member Name: |
| <input type="checkbox"/> Work Place/Organization | Work Place/Organization Name: |

Primary Applicant

Last Name:	First Name:	Middle Initial:
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Social Security Number or TIN Number:	Date of Birth:
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Home Phone Number:

Work Phone Number:

Email Address:

I certify that the TIN is correct and I am am not subject to back-up withholding and I am a U.S. Person (including a U.S. Resident Alien.)

Drivers License #:

Drivers License Issue Date:	Drivers License Expiration Date:
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Address

Address 1:

Address 2:

City:	State:	Zip Code:
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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:
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Print Name:

Joint Applicant		
Last Name:	First Name:	Middle Initial:
Social Security Number or TIN Number:		Date of Birth:
Relationship to Primary Owner:		
Home Phone Number:	Cell Phone Number:	
Work Phone Number:	Other Phone Number:	
Email Address:		
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.)		
Drivers License #:	Drivers License State:	
Drivers License Issue Date:	Drivers License Expiration Date:	
Address		
Address 1:		
Address 2:		
City:	State:	Zip Code:
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:
Print Name:		

If more than one co-applicant - print a copy for each applicant.