

**MEMBERS FIRST CREDIT UNION**P.O. Box 8590
Corpus Christi, TX 78468-8590
(361) 991-M1ST (6178)**MASTER MEMBERSHIP APPLICATION** New Change New Service

Date: _____

Total Loan Account – By checking this box I/we are applying for a Permanent Loan Agreement. I/We understand that I/we may be eligible to open a Credit Plan Agreement even if not requesting credit today.
 We intend to apply for a Joint Credit Plan Agreement. We understand that we are both liable for repayment of any advances, now and in the future obtained under the Plan.
Applicant Initials: _____ **Joint Applicant Initials:** _____
 Once approved, this Plan enables I/we to request loans today or in the future by mail, phone, fax, email or any other access offered.

Primary Owner (Applicant)		Member No.	I.D. Type	No.	State
First	Middle	Last Name			
Birth Date	Social Security No./TIN	Mother's Maiden Name		Security Code	
Street Address (Physical)	City	State	Zip		
P.O. Box Number	City	State	Zip		
Home Telephone No.	Email Address		Cell Phone No.		
Employed By	Since (mo/yr)	Employer Phone No.			
Employer Address (Street, City, State, Zip)			Gross Monthly Income		
Name, Address and Phone Number of Relative Not Living With You					

Joint Owner 1 (Joint Applicant)		I.D. Type	No.	State
First	Middle	Last Name		
Birth Date	Social Security No./TIN	Mother's Maiden Name		Security Code
Street Address (Physical)	City	State	Zip	
P.O. Box Number	City	State	Zip	
Home Phone No.	Employer	Since (mo/yr)	Gross Monthly Income	
Employer Address (Street, City, State, Zip)			Employer Phone No.	

Joint Owner 2 (Joint Applicant)		I.D. Type	No.	State
First	Middle	Last Name		
Birth Date	Social Security No./TIN	Mother's Maiden Name		Security Code
Street Address (Physical)	City	State	Zip	
P.O. Box Number	City	State	Zip	
Home Phone No.	Employer	Since (mo/yr)	Gross Monthly Income	
Employer Address (Street, City, State, Zip)			Employer Phone No.	

Joint Owner 3 (Joint Applicant)		I.D. Type	No.	State
First	Middle	Last Name		
Birth Date	Social Security No./TIN	Mother's Maiden Name		Security Code
Street Address (Physical)	City	State	Zip	
P.O. Box Number	City	State	Zip	
Home Phone No.	Employer	Since (mo/yr)	Gross Monthly Income	
Employer Address (Street, City, State, Zip)			Employer Phone No.	

Account Ownership

Individual (sole ownership)
 Joint (tenants with rights of survivorship)
 Payable on Death (designate beneficiary)
 Agent
 Custodial (minor account)
 Trust

The type of ownership selected may affect how ownership passes at your death. You may not control disposition of funds in some accounts.

ACCOUNTS ARE NON-TRANSFERABLE

Account Services

<input type="checkbox"/> Share (required)	<input type="checkbox"/> Student Advantage Checking	<input type="checkbox"/> Christmas Club	<input type="checkbox"/> Overdraft Protection	<input type="checkbox"/> Audio Response
<input type="checkbox"/> Checking	<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Kids Klub	<input type="checkbox"/> CU Online	<input type="checkbox"/> E-Statement
<input type="checkbox"/> 50+ Checking	<input type="checkbox"/> Money Market	<input type="checkbox"/> VISA® Check Card	<input type="checkbox"/> Direct Deposit	

Important IRS Information – TIN Certification

By signing herein, You certify in accordance with IRS W-9 instructions and under penalty of perjury, (1) that the number shown herein is Your correct taxpayer identification number or are waiting for a number to be issued to You, (2) that unless designated below, You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified You that You are no longer subject to backup withholding and (3) that unless designated below, You are a U.S. person (including 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.

You are subject to backup withholding You are exempt from backup withholding You are a foreign person other than a U.S. resident alien (complete IRS form W-8BEN)

Payable on Death Designation "P.O.D" - Provide the following information to designate a P.O.D Beneficiary

Beneficiary Name	Date of Birth	Social Security No./TIN	Ownership %
Mailing Address (City, Street, State, Zip)			Relationship
Beneficiary Name	Date of Birth	Social Security No./TIN	Ownership %
Mailing Address (City, Street, State, Zip)			Relationship
Beneficiary Name	Date of Birth	Social Security No./TIN	Ownership %
Mailing Address (City, Street, State, Zip)			Relationship

Trust Account

Trust Account - You agree that all sums whenever paid to the Trust Account shall be held by the Trustee(s) in trust for the beneficiary(ies) named, subject to the right of the Trustee(s) to revoke the same in whole or in part by, and to the extent of, the withdrawal of sums from the Credit Union Account established hereby. Upon the death of the Trustee, (or if more than one, upon the death of the last surviving Trustee), the balance remaining in the Account shall be distributed by the Credit Union to the beneficiary or, if there is more than one Beneficiary, then to the beneficiaries the living in equal shares. Where more than one Trustee appears on this Account, withdrawals and the pledge of shares against loans may be made by any Trustee acting alone (unless two signature required Account). Shares paid in by The Trustees shall be owned equally. Upon the death of one Trustee, all rights in and to the Account shall belong to any surviving Trustee. In the event of Conflicting demands for funds under this Account, the Credit Union may require the signatures of each of the Trustees.

Beneficiary Name and Address	Relationship	Social Security Number
Beneficiary Name and Address	Relationship	Social Security Number
Beneficiary Name and Address	Relationship	Social Security Number

Signatures

By signing below, You hereby make application for membership in the Members First Credit Union and agree to subscribe for at least one share. In considering this application and/or request for financial services, You authorize the Members First Credit Union to check Your credit and employment history, to request and use reports regarding same, and to answer questions about its credit experience with You. You understand that knowingly and willfully providing false or misleading information to the Members First Credit Union is a criminal offense. Further, You agree to conform to Members First Credit Union rules, regulations, by-laws and policies, now in effect and as amended or adopted hereafter. You acknowledge receipt of Members First Credit Union account agreements for the type of account(s) and service indicated in this membership application, including, but not limited to, Truth-in-Savings Disclosure, Privacy Policy, Rate and Fee Schedules, Funds Availability Disclosure, Electronic Funds Transfer Disclosure and Checking Account Agreement which are incorporated into and made part of this application and agree to the terms and conditions set forth therein and to any amendments Members First Credit Union makes from time to time. To help the government fight the 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. What this means for You: When You open an account, we will ask 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 information.

If You are opening a TotalLoan Account, **You grant us a security interest in Your individual and joint Share accounts to secure what You owe. When You are in default, You authorize us to apply the balance in these accounts to any amounts due. Shares and deposits in an Individual Retirement Account and any other account that would lose special tax treatment under state or federal law if given as security are not subject to the security interest You have given in Your shares and deposits.**

Indemnification and Hold Harmless Agreement – You agree to hold Members First Credit Union harmless and agree to indemnify the Credit Union from any and all liability for injuries or damages that arise as a result of using Credit Union services. You specifically release the Credit Union from any and all claims for damages arising as a result of using Internet Home Banking. These provisions shall survive in the event that you attempt to provide notice to the Credit Union that its site may or will cause damage.

You authorize Members First Credit Union to check Your credit history, employment history and obtain a credit report.

If You applied for a Permanent Loan Account, Your signature herein is Your acknowledgement of receipt of the loan agreement and Your agreement to be bound by the terms and conditions of the agreement.

Your signature below is your continuing authorization for Members First Credit Union to follow your written or verbal instructions. You agree that your continuing authorization will remain in effect unless the Credit Union receives written instructions to the contrary. You hereby authorize Members First Credit Union to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for your accounts.

Primary Owner Signature	Date	Joint Owner Signature	Date
Joint Owner Signature	Date	Joint Owner Signature	Date
Joint Owners other than Member may terminate their ownership by signing below:			
Terminated Owner's Signature	Date		

FOR CREDIT UNION USE ONLY

Opened/Approved By _____ Membership Verification _____
 Checkrite _____ Date of Membership _____