



# MEMBERSHIP APPLICATION

Account Number \_\_\_\_\_

## 1. Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Employer \_\_\_\_\_ Work Telephone \_\_\_\_\_

Employer's Address \_\_\_\_\_

To establish your PIN for the automated teller, please provide a four digit code \_\_\_\_\_

Please name any relatives who currently work at Brooklyn Cooperative FCU \_\_\_\_\_

What is your connection to Bushwick or Bedford-Stuyvesant? \_\_\_\_\_

How did you hear about Brooklyn Cooperative FCU? \_\_\_\_\_

## 2. Personal Identification

Please provide at least two of the following forms of identification. One must be a verifiable photo identification.

Social Security Number \_\_\_\_\_

Driver's License / Number / State / Type \_\_\_\_\_

Passport / Number / Country \_\_\_\_\_

Alien Registration Card / Number \_\_\_\_\_

Other / Number / Type \_\_\_\_\_

## 3. Joint Accounts

Brooklyn Cooperative FCU encourages its members to open accounts independently. However, if you want someone to be a joint holder on your account, you must complete the information below. Remember, joint account holders have full access to the account. They have the right to deposit and withdraw funds at will.

Do you want a joint holder on your account? Yes  No

Joint Holder's Name \_\_\_\_\_

Joint Holder's Address \_\_\_\_\_

Joint Holder's Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License / Number / State / Type \_\_\_\_\_

Passport / Number / Country \_\_\_\_\_

Alien Registration Card / Number \_\_\_\_\_

Other / Number / Type \_\_\_\_\_

## 4. Beneficiary

To name a beneficiary to receive the funds in this account upon the death of its last surviving owner, please provide the beneficiary's name, telephone number, and date of birth \_\_\_\_\_

## 5. Internal Revenue Service Taxpayer Identification Number Certification

By signing below, within this box, I certify that:

1. The Social Security Number or Taxpayer Identification Number provided in this application is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person or a U.S. resident alien.

*You must cross out item (2) above if you have been notified by the Internal Revenue Service that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 6. Application Certification

By signing below I certify that the information in this membership application is complete, accurate, and submitted for the purpose of opening an account at Brooklyn Cooperative FCU. I also confirm that I have received a copy of the Membership Agreement, and I agree to act in accordance with the credit union's Bylaws and Policies.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

## 7. Your Financial Goals

Brooklyn Cooperative FCU is your credit union. We want you to help you reach your financial goals in whatever way we can. To help us do this, please tell us some of your goals for the future for either yourself or your family.

- |   |  |
|---|--|
| <input type="checkbox"/> Buying a house or an apartment | <input type="checkbox"/> Starting my own business    |
| <input type="checkbox"/> Fixing my credit report        | <input type="checkbox"/> Learning to manage my money |
| <input type="checkbox"/> Saving for higher education    | <input type="checkbox"/> Saving for a rainy day      |

What are the major obstacles you face in achieving your goals?

- |  |  |
|--|--|
| <input type="checkbox"/> Don't know how to start                       | <input type="checkbox"/> Not enough income |
| <input type="checkbox"/> No credit history, or troubled credit history | <input type="checkbox"/> Not enough time   |

Is this your first bank account? Yes  No

Do you presently have any other bank account? Yes  No

Have you ever received a loan from a bank in the community? Yes  No