

Membership Application



Information Required When Joining (by mail or in person)

- Include a copy of your driver's license
- Include joint accountholder(s) info
- All accountholders must **SIGN the BACK** of the application
- **Include a check** or money order for all accounts being opened

Membership Eligibility - How are you, hereafter "Primary Accountholder", eligible for APIFCU membership?

Do you live, work, worship, or attend school in Vigo County? Yes No

How did you hear about our Credit Union?

Friend/Relative Advertising Other _____

Accounts You Wish to Open Now

- Share Savings (required for membership) (\$5 min. balance + \$.50 membership fee)
 Checking (\$20 min. opening balance)
 Certificate ___ month term
- Holiday Account (\$1 min. opening balance)
- Other Services Requested:** ATM Card Debit Card Direct Deposit Overdraft Protection

Primary Accountholder

Last Name		First	Middle	Social Security #	
Home Address			Apt/Unit #	Home Phone # ()	
City		State	Zip Code	Mother's Maiden Name	
Home E-mail Address		Driver's License # & State		Date of Birth	
Employer Name				Work Phone # ()	
Employer Address			Hire-In Date	Cell Phone # ()	

Joint Accountholders (other than Primary): Provide copies of Driver's License or other identification with the Social Security #.

Joint Accountholder #1			Joint Accountholder #2		
Last Name		First Name	Last Name		First Name
Middle Name		Date of Birth	Middle Name		Date of Birth
Social Security #		Mother's Maiden Name	Social Security #		Mother's Maiden Name
Driver's License # & State			Driver's License # & State		
Home Phone # ()		Work Phone # ()	Home Phone # ()		Work Phone # ()
Home Address		Apt/Unit #	Home Address		Apt/Unit #
State		Zip Code	State		Zip Code
Employer			Employer		

Account # (6-digits)	Checking Account # (7-digits)	Social Security #
For Credit Union Use Only		
Last Name		Middle
First		

Please Complete Other Side