



Members come first.

P.O. BOX 9199
OGDEN, UT 84409-0199

MEMBERSHIP APPLICATION AND OWNERSHIP DESIGNATION



Subject to Approval by the Membership Officer / ACCOUNTS SUBJECT TO \$10.00 FEE IF CLOSED WITHIN 90 DAYS

ACCOUNT # _____

I hereby make application for membership and agree to abide by the bylaws of America First Federal Credit Union. I understand that any changes in ownership must be evidenced through a new Membership Application or Joint Owner Release Form. I qualify for membership based on one of the following:

- I live, work, (or regularly conduct business in), worship, volunteer or attend school in Salt Lake County, Utah; or within a 12-mile radius of the Mesquite, Nevada U.S. Post Office
- I am a member of the immediate family (*Parent, Spouse, Sibling/Step, Child/Step, Grandparent, Grandchild*) or household of an existing member or those eligible for membership _____
- I am a spouse of a person who died while within the field of membership
- I am an employee of America First Federal Credit Union or its subsidiary corporations
- I am an existing member of America First Federal Credit Union

Primary Account Secondary Account

MEMBER INFORMATION (Please Print)	
Member/Owner	_____
Street Address	_____
Mailing Address	_____
City	_____ State _____ ZIP _____
SSN	_____ Home Phone () _____
Date of Birth	_____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Employer	_____
Occupation	_____
Time on Job	_____ Work Phone () _____
Email Address	_____

JOINT OWNER (Not applicable to IRA) Account # _____	
<input type="checkbox"/> Joint On Checking Only	
Joint Owner	_____
Street Address	_____
Mailing Address	_____
City	_____ State _____ ZIP _____
SSN	_____ Home Phone () _____
Date of Birth	_____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Employer	_____
Occupation	_____
Work Phone	() _____

Name and Address of Relative Not Living With You	
Name	_____
Address	_____
Phone	() _____

JOINT OWNER (Not applicable to IRA) Account # _____	
<input type="checkbox"/> Joint On Checking Only	
Joint Owner	_____
Street Address	_____
Mailing Address	_____
City	_____ State _____ ZIP _____
SSN	_____ Home Phone () _____
Date of Birth	_____ <input type="checkbox"/> Female <input type="checkbox"/> Male
Employer	_____
Occupation	_____
Work Phone	() _____

The USA PATRIOT Act requires America First Federal Credit Union to obtain information and/or documentation to verify your identity.

AUTHORIZATION I/We agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. I also request a PIN (Personal Identification Number) and agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize the Credit Union to obtain a credit report from a credit reporting agency, to verify eligibility for the accounts and services requested. I/We certify that the information contained herein is true and correct.

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

I am subject to backup withholding

The Internal Revenue Service does not require you to consent to any provision of this Account Card other than the certifications required to avoid backup withholding.

X SIGNATURE OF PRIMARY MEMBER/OWNER	DATE
ID (ID Type, Place of Issue, and #)	(Expiration/Issue Date)
All signatures must be notarized unless witnessed by a Credit Union employee.	
X SIGNATURE OF JOINT OWNER	DATE
ID (ID Type, Place of Issue, and #)	(Expiration/Issue Date)

CREDIT UNION USE ONLY

FICO Score _____ Debit Card Ordered Approved Yes No

Check Systems Called PIN Ordered Denial Letter Sent Yes No

Received By _____ Date Posted _____

Approved By _____ Branch Number _____