



# Membership Application

Date of Application: \_\_\_/\_\_\_/\_\_\_

Are you applying for a joint account? Yes  No

## Membership Eligibility

I am eligible for membership through: \*Do you live or work in Weld County? Yes  No

Employer: \_\_\_\_\_ (Name of Employer) Family Member: \_\_\_\_\_ (Name of Family Member)

\*\*To be a member with Northern Colorado Credit Union, you must live or work in Weld County or have a family member who is a member\*\*

## Primary Applicant

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ SS Number: \_\_\_\_\_

Driver's License or ID#: \_\_\_\_\_ State \_\_\_\_\_

ID Issue Date: \_\_\_/\_\_\_/\_\_\_ Expire Date: \_\_\_/\_\_\_/\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Residential Information

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at this Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

\*If less than three years, please provide previous address in space below

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at this Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Mailing Address (If different from above)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Employment Information

Start Date: \_\_\_/\_\_\_/\_\_\_ Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\*If less than three years, please list additional employer in the space below

## Previous Employer

Start Date: \_\_\_/\_\_\_/\_\_\_ Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

## Joint Applicant

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ SS Number: \_\_\_\_\_

Driver's License or ID#: \_\_\_\_\_ State \_\_\_\_\_

ID Issue Date: \_\_\_/\_\_\_/\_\_\_ Expire Date: \_\_\_/\_\_\_/\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## Residential Information

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at this Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

\*If less than three years, please provide previous address in space below

Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Years at this Address: \_\_\_\_\_ Own \_\_\_\_\_ Rent \_\_\_\_\_

Mailing Address (If different from above)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Employment Information

Start Date: \_\_\_/\_\_\_/\_\_\_ Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\*If less than three years, please list additional employer in the space below

## Previous Employer

Start Date: \_\_\_/\_\_\_/\_\_\_ Occupation/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

**Additional Notes:**

**Preferred Method of Contact:**

Home Phone

Work Phone

Cell Phone

Email

Other: \_\_\_\_\_

**Special Notes/Comments:**

---

---

By submitting this application to the credit union, you certify that everything you have stated in this application is correct to the best of your knowledge. You understand that the credit union will rely on the representations you make in this application when deciding whether to grant membership. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Credit Unions or State Chartered Credit Unions insured by NCUA. You authorize the credit union to obtain credit reports in connection with this application for credit and for any update renewal or extension of the credit received. If you request, the credit union will provide you with the name and address of any credit bureau from which it received your credit report. You are required to provide us with a valid picture ID (Driver's license or Passport). We ask that you come into the credit union or fax a clear copy to (970) 330-3609. Thank you!

**The USA Patriot Act requires identity verification for all new accounts.**

**Important information about procedures for opening a new account:**

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 you for 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 or other identifying documents.

\*Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_