



Membership Application Form

	Primary Member	Joint Signer (If Applicable)
Last Name		
First Name, Middle Initial		
Tax ID Number /SS#		
Street Address		
Mailing Address		
City, State, Zip		
E-mail		
Phone: Home/Cell Phone		
Occupation		
Employer		
Employer's Address		
Employer's Phone		
Birth Date		
City, State of Birth		
Mother's Maiden Name		
Driver's License Number/ State of issue		
States of Residence in the past 5 years		
Relationship to member	N/A	

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 for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license and/or other identifying documents.

Signature

Date

Signature

Date

Authorization Notice: 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 information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide inaccurate income information on applications made to credit unions insured by the NCUA.

(As a joint applicant of the account, you are not considered a member of the credit union. To become a member of Brokaw Credit Union, you must complete a membership application of your own.)

I/We would like to establish the following Brokaw Credit Union accounts: (Please check all that apply)

SAVINGS: Primary Share Savings Account Money Market Share Account
 Christmas Club Account Escrow Savings Account
 Secondary Savings Account Individual Retirement Account (IRA)
 Share Certificate

CHECKING Freedom Checking Regency Checking
 Varsity Checking (age 24 and younger) Advantage Checking (age 55 and older)

NOTE: In order for this form to be considered for membership, you must visit a Brokaw Credit Union office to sign appropriate forms, and provide identification. You may visit us at:

Brokaw Office
300 Everest Ave
PO Box 151
Brokaw, WI 54417
Phone: 715-675-2319
Fax: 715-675-5511

Lobby Hours:
M, T, Th 9:00-4:00
Fri 9:00-5:30
Closed Wed and Sat

Drive-up Hours:
M, T, Th 8:30-4:30
Fri 8:30-5:30
Closed Wed and Sat

Weston Office
2006 Schofield Ave
PO Box 199
Weston, WI 54476
Phone: 715-359-7012
Fax: 715-355-5295

Lobby Hours:
Mon-Thurs 8:30 am to 4:30 pm
Friday 8:30 am to 5:30 pm

Drive-up Hours:
Monday 7:30 am to 5:00 pm
Tues, Wed, Thurs 8:30 am to 5:00 pm
Friday 7:30 am to 5:30 pm
Saturday 9:00 am to 12:00 noon

www.brokawcu.com