



346 Sunrise Highway
 West Babylon NY 11704
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 T 631.661.4800 x371
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MEMBERSHIP APPLICATION

ACCT # _____

1 Member Information

NAME: First	Mi	Last	Suffix	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name	
Home Address (PHYSICAL ADDRESS)		City	State	Zip	
Mailing Address (IF DIFFERENT FROM ABOVE)		City	State	Zip	
Drivers License or Official ID		Issue Date (MM/DD/YY)		Expiration (MM/DD/YY)	
ID Number	State	Issue Date (MM/DD/YY)		Expiration (MM/DD/YY)	
Home Phone () -	Work Phone () -	Cell Phone () -			
Email Address @					
Employer					

2 Joint Membership Information (Ignore For Individual Accounts)

CHOOSE JOINT ACCOUNT TYPE:

Joint with Survivorship
Joint Member share 100% ownership of account

POD—In Trust For
"Payable-on-Death" account beneficiary

Custodial (UTMA)
Statutory Trust, release when minor joint turns 21

NAME: First	Mi	Last	Suffix	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
Social Security Number (TIN)		Date of Birth (MM/DD/YY)		Mothers Maiden Name	
Mailing Address		City	State	Zip	
Drivers License or Official ID		Issue Date (MM/DD/YY)		Expiration (MM/DD/YY)	
ID Number	State	Issue Date (MM/DD/YY)		Expiration (MM/DD/YY)	
Home Phone () -	Work Phone () -	Cell Phone () -			
Email Address @					

3 Account Services (Select desired services. Opt-Out option available for some recommended services.)

<input checked="" type="checkbox"/> Savings Account (Regular Shares)	<input type="checkbox"/> Nest-Egg Savings
<input type="checkbox"/> Holiday Club Savings	<input type="checkbox"/> Vacation Club Savings
<input type="checkbox"/> Checking Account (Share-Draft)	<input type="checkbox"/> Starter Checks: Select what to include
<input type="checkbox"/> ATM Debit Cards: Individual Cards Issued	<input type="checkbox"/> Primary Member <input type="checkbox"/> Joint Member <input checked="" type="checkbox"/> Primary Name <input type="checkbox"/> Mailing Address <input type="checkbox"/> Joint Name <input type="checkbox"/> Home Address
<input checked="" type="checkbox"/> Online Banking Access <input type="checkbox"/> Opt Out	<input checked="" type="checkbox"/> Electronic Contact <input type="checkbox"/> Opt Out <input type="checkbox"/> E-Statement Enrollment

4 Beneficiaries *(Used for POD(s) designated on individual or joint with survivorship account)*

NAME		NAME		NAME	
Social Security Number (ITIN) - -	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number (ITIN) - -	<input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number (ITIN) - -	<input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth (MM/DD/YY) / /		Date of Birth (MM/DD/YY) / /		Date of Birth (MM/DD/YY) / /	
Address		Address		Address	
City State Zip		City State Zip		City State Zip	
Phone		Phone		Phone	
Relationship to Primary		Relationship to Primary		Relationship to Primary	
Percentage of Ownership		Percentage of Ownership		Percentage of Ownership	

5 Membership Eligibility

<input type="checkbox"/> Member of LIBOR / MLS Acct # _____	<input type="checkbox"/> Employee of LIBOR / MLS Dept _____	<input type="checkbox"/> Relative of MRFCU Member Name _____
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Please tell us how you heard of **Metro Realtors Federal Credit Union!**

Choose One:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other: _____
Through a LIBOR conference or meeting	Through a Referral or Word-of-Mouth	By an Internet Ad	By an Email Message	_____

6 Membership Terms and Disclosures

My signature below certifies that I have received and read the full Membership Terms and Disclosures for Metro Realtors Federal Credit Union, agree with their contents, and am aware that they are subject to change. My Signature also signifies my agreeance with all member-completed content on this form. If this form was completed as an update to a previous application, the most recent form will take precedent if any member-completed content is conflicting with previously submitted content.

TAX CERTIFICATION: Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.

7 Signatures

Print Name	Print Name
Primary Signature	Joint Signature
Date	Date
Print Name	Print Name
Other	Other
Date	Date