



MEMBERSHIP APPLICATION & SIGNATURE CARD

Completion of this application and deposit of an initial \$5 membership share is required for membership in International Airline Employees Federal Credit Union.

Applicant Name		Account #	
Mailing Address	City	State	ZIP
Residence Address (required if different from mailing address)	City	State	ZIP
US Social Security Number (Passport required if no US SSN)	Date of Birth		
Home Phone	Business Phone		
Cell Phone	Email Address		
ID Type <input type="checkbox"/> Driver's Licence <input type="checkbox"/> Passport <input type="checkbox"/> State ID	ID Number	State/Country	
Mother's Maiden Name	Place of Birth (City, State)	Employer	
MEMBERSHIP ELIGIBILITY: The Credit Union is required to and will verify eligibility for all applicants			
<input type="checkbox"/> I am an employee or retiree in the airline industry.			
<input type="checkbox"/> I am an immediate family member of an employee in the airline industry who is a current Credit Union member.			
CU Member you are related to _____		Your Relationship _____	

ACCOUNT TYPE/SERVICES

- | | | |
|----------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Share/Savings (min. \$5) | <input type="checkbox"/> Basic Checking | <input type="checkbox"/> Share Certificate (CD) |
| <input type="checkbox"/> Interest Checking | <input type="checkbox"/> Money Market Checking | <input type="checkbox"/> Holiday Club |
| <input type="checkbox"/> IRA Certificate | <input type="checkbox"/> IRA Savings | <input type="checkbox"/> ATM Card (if Share/Savings A/c only) |
| <input type="checkbox"/> Visa Debit/Check Card (applicable to Checking A/c only) | <input type="checkbox"/> Other Services | <input type="checkbox"/> Visa Credit Card |
| <input type="checkbox"/> Payroll Deduction/Direct Deposit | | |

*Overdraft Protection: Please indicate transfer priority here

TAXPAYER ID NUMBER CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security number (SSN)/Taxpayer Identification number (TIN) shown is my/the correct identification number and that 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.

NOTE: If you ARE subject to backup withholding, initial here _____
If you ARE NOT a U.S. citizen or resident alien you MUST also complete IRS Form W-8.

AGREEMENT AND SIGNATURE

By signing below, 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 Disclosure applicable to the accounts and services requested herein. If an access card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature of Applicant _____ Date _____

Date of Membership _____	Opened/Approved by _____	Member Verification _____
PIN Request _____	Credit Report _____	Check Verified _____
		Access Card _____



JOINT MEMBERSHIP & BENECIARY CARD

Member Name			Account #		
Joint Owner (if applicable)			Joint Owner (if applicable)		
Street Address		Apt#	Street Address		Apt#
City	State	ZIP	City	State	ZIP
US. SSN or TIN (Passport required if no US SSN)			US. SSN or TIN (Passport required if no US SSN)		
Date of Birth			Date of Birth		
Home Phone Cell Phone Work Phone			Home Phone Cell Phone Work Phone		
ID Type & Number		State/ Country	ID Type & Number		State/ Country
Mother's Maiden Name			Mother's Maiden Name		
Employer			Employer		

BENEFICIARY (IES)

Payable on Death (POD) Trust Account All Accounts Designate specific Account(s)

Name	Name
Address	Address
Date of Birth SSN/TIN	Date of Birth SSN/TIN
Phone	Phone

UTTMA/UGMA (as custodian for _____ (minor) under the Uniform Transfers/Gifts to Minors Act) Minor's SSN/TIN _____.

Agency: Name of Agent _____

All Accounts Designate specific Account(s)

Signature of Member _____	Date _____
Signature of Joint Owner _____	Date _____
Signature of Joint Owner _____	Date _____

Date of Membership _____	Opened/Approved by _____	Member Verification _____	
PIN Request _____	Credit Report _____	Check Verified _____	Access Card _____

