



**OLYMPIA  
CREDIT UNION**

*Embracing the Human Difference*

Olympia Branch 360-754-5559

Lacey Branch 360-456-7037

Office Use Only  
Account Number when Approved

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## Membership Application

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**Membership Eligibility** \_\_\_\_\_

**Prime Applicant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Identification\* (Type & Number)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Mothers Maiden Name** \_\_\_\_\_

**Primary Phone Number (home and/or mobile)** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

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**Joint Applicant** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Street Address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**Identification\* (Type & Number)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Mothers Maiden Name** \_\_\_\_\_

**Primary Phone Number (home and/or mobile)** \_\_\_\_\_ **Work Phone #** \_\_\_\_\_

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**Beneficiary** \_\_\_\_\_

**Birth Date or SSN** \_\_\_\_\_ **Percent** \_\_\_\_\_ **Relationship to Prime** \_\_\_\_\_

**Beneficiary** \_\_\_\_\_

**Birth Date or SSN** \_\_\_\_\_ **Percent** \_\_\_\_\_ **Relationship to Prime** \_\_\_\_\_

\*Approved Government Issued Photo ID. Please send a photo copy of the ID in with the application.

By signing below, I/we make application for membership in Olympia Credit Union and agree to conform to its bylaws and amendments. I/we agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy, Electronic Funds Transfer Disclosure and to any amendments you may make from time to time which are incorporated herein. I/we acknowledge receipt of the Disclosure Booklet. Deposits are federally insured by the National Credit Union Administration, a U.S. Government agency, up to \$250,000.00

\_\_\_\_\_ Please sign me up for Credit Union Connections and Home Banking

ACCOUNT OWNERSHIP: Please check one; **Required**

- \_\_\_\_\_ Single Party  
\_\_\_\_\_ Multiple Parties with Right of Survivorship  
\_\_\_\_\_ Multiple Party without Right of Survivorship

*I irrevocably waive rights to dispose of non-probate assets under any existing or future will for my accounts at Olympia Credit Union. I understand that the funds in my account(s) will pass outside my will to joint owners if any are designated on my account, and further, passing to account beneficiaries if I so choose.*

\_\_\_\_\_  
Yes -or- No -or- n/a **Required Signature of Prime Applicant**

Under Penalties of Perjury, I certify that the number shown on this form is my correct taxpayer identification number and 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 Internal Revenue Service has notified that I am no longer subject to backup withholding, and that I am, unless designated below, a U.S. Person (including a U.S. Resident Alien).

\_\_\_\_\_  
Signature of Prime Applicant (*Required*) Date

\_\_\_\_\_  
Signature of Joint Applicant (*Required if applying*) Date

State of \_\_\_\_\_

Country of \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_  
Is/are the person(s) who appeared before me, and said person(s) acknowledged that he/she/they signed this instrument and acknowledged it to be his/her/their free and voluntary act for the uses and purposes mentioned in this instrument.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

My appointment

Expires \_\_\_\_\_

(Notary Stamp or Seal)

Office Use Only
Date received _____
Received by _____
Final Approval and Date _____