



OLYMPIA
CREDIT UNION
Embracing the Human Difference

Olympia Branch 360-754-5559

Lacey Branch 360-456-7037

Office Use Only
 Account Number when Approved

Membership Application

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 #** _____

Primary email address _____ **Employer & Occupation** _____

Joint Applicant _____ **Date of Birth** _____

Street Address _____

City, State, Zip Code _____

Identification* (Type & Number) _____

Social Security Number _____ **Mothers Maiden Name** _____

Joint Phone Number (home and/or mobile) _____ **Work Phone #** _____

Joint email address _____ **Employer & Occupation** _____

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.

**Can be Estate, Person(s), None, or Organized Nonprofit, to name a few options but must be filled out.

