

MEMBERSHIP APPLICATION

EMC
Name

MEMBER INFORMATION			Member No. (assigned by CU)	
NAME Last	First	Initial		
SSN or TIN	Date of Birth			
Street	City	State	Zip	
Home Phone	Work Phone	Email Address		
By signing below I am requesting a GEMC FCU Basic Savings Account. (required)				

JOINT ACCOUNT DESIGNATION				
Check Box <input type="checkbox"/> Single Account		<input type="checkbox"/> Joint Account (Complete this section and all owners must sign below)		
NAME Last	First	Initial		
SSN or TIN	Date of Birth			
Street	City	State	Zip	
Home Phone	Work Phone	Email Address		

GETTING AHEAD ASSOCIATION
<p>Membership in the Getting Ahead Association is provided as part of your HOMEPLUS Energy loan application. The Getting Ahead Association is a not-for-profit membership organization that promotes financial literacy and provides affordable financial services. Your membership includes a financial newsletter, budgeting spreadsheets, and other helpful financial tools. For further information about your membership in the Getting Ahead Association, go to www.gettingaheadassoc.org.</p>

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION
<p>By signing below, under penalties of perjury, I certify that: (1) The number shown on the form is my correct taxpayer identification number, (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).</p> <p>Certification Instructions: Cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out Item 3 and complete a W-8 BEN if you are not a U.S. person. [The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.]</p>

AUTHORIZATION
The Credit Union conducts a credit inquiry upon receipt of this membership application.
<p>By signing below, I/we agree to the terms and conditions of the Membership Account Agreement, Funds Availability Policy, Electronic Funds Transfer Agreement, Truth in Savings Rate and Fee Schedule and ATM Safety Precautions and to any amendment or addendum or addendum the Credit Union makes from time to time which are incorporated herein. If your application for membership and/or credit is a joint application, any liability created by the use of your account or by credit account is joint and several. Your signature(s) below is your continuing authorization for GEMC Federal Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless we receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business on your account. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the account and service requested. USA Patriot Act: GEMC FCU will comply with the requirements of the USA Patriot Act. What this means for new accounts: The Credit Union will ask the name, physical address, date of birth, and other information that will allow us to identify new account holders. We may also ask to see a valid drivers's license or other identifying documents. Transactions to or from any account(s) may be limited until verification of the identity of all applicable persons is completed.</p>
<p><input type="checkbox"/> Truth-in-Savings Disclosure and Rate & Fee Schedule <input type="checkbox"/> Electronic Funds Transfer Disclosure <input type="checkbox"/> Funds Availability Disclosure <input type="checkbox"/> ATM Safety Precautions</p>

Primary Owner Signature: **X** _____ Date: _____

Joint Owner Signature: **X** _____ Date: _____

FOR OFFICIAL USE ONLY	Date Opened	Opened by	System Maintenance	Credit Report <input type="checkbox"/> Yes <input type="checkbox"/> No
	Member No:	Member DL #	<input type="checkbox"/> Member ID Check	<input type="checkbox"/> Joint ID Check

Date: _____

_____ Term Purpose of Loan _____

Amount Requested \$ _____ Estimated Property Value \$ _____

Property Address _____

MARRIED APPLICANTS may apply for a separate account. A Credit Union may only extend direct credit to a member. A joint applicant for credit will be considered a guarantor or co-signer if such person is not a credit union member. **Check the type of credit account you wish to apply for.**

- Individual Credit** – You must complete the applicant section about yourself and the other section about your spouse if: You live in a community property state (AK, AZ, CA, ID, LA, NM, NV, P.R., TX, WA, WI) or your Spouse will use the account, or you are relying on your spouse's income as a source of repayment.
- Joint Credit** – If you are applying for a joint account or an account that you and another person will use, you must complete the applicant and other section. *If you intend to apply for joint credit, you understand that the Credit Union may need to document any non-member as a guarantor/co-signer as explained above.*

Applicant Signature **X** _____ Co-Applicant Signature **X** _____

APPLICANT

Complete for secured credit or if you live in a community property state
 MARRIED **SEPARATED** **UNMARRIED** (Single, Divorced, Widowed)

FIRST NAME	INITIAL	LAST NAME	
NO. OF DEP.	AGE OF DEPENDENTS	RESIDENCE	<input type="checkbox"/> OWN

OTHER APPLICANT

Complete for secured credit or if you live in a community property state
 MARRIED **SEPARATED** **UNMARRIED** (Single, Divorced, Widowed)

FIRST NAME	INITIAL	LAST NAME	
NO. OF DEP.	AGE OF DEPENDENTS	RESIDENCE	<input type="checkbox"/> OWN

EMPLOYMENT AND INCOME *If self-employed, attach current financial statement and your last two years income tax returns.*

CURRENT EMPLOYER	YEARS	MONTHS	
STREET ADDRESS			
CITY	STATE	ZIP	WORK PHONE NUMBER
OCCUPATION / POSITION		GROSS MONTHLY INCOME \$	
FORMER EMPLOYER (IF CURRENT EMPLOYER LESS THAN 2 YEARS)		YRS.	
FORMER EMPLOYER - Street, City, State, Zip			

CURRENT EMPLOYER	YEARS	MONTHS	
STREET ADDRESS			
CITY	STATE	ZIP	WORK PHONE NUMBER
OCCUPATION / POSITION		GROSS MONTHLY INCOME \$	
FORMER EMPLOYER (IF CURRENT EMPLOYER LESS THAN 2 YEARS)		YRS.	
FORMER EMPLOYER - Street, City, State, Zip			

OTHER INCOME You need not list income from alimony, child support or separate maintenance unless you wish it considered for purpose of granting this credit.

SOURCE OF OTHER INCOME	PHONE	SINCE	MONTHLY INCOME \$
OTHER INCOME			

SOURCE OF OTHER INCOME	PHONE	SINCE	MONTHLY INCOME \$
OTHER INCOME			

PERSONAL REFERENCES

NEAREST RELATIVE NOT LIVING WITH YOU – NAME/ADDRESS/PHONE	RELATIONSHIP
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LOANS AND LIABILITIES (WHAT YOU OWE) – If Additional Space is Required, List on a Separate Sheet

A = Applicant B = Other Applicant C = Both INDICATE WHOSE OBLIGATION (X)

CREDITOR	ACCOUNT NUMBER	NAME AND ADDRESS OF CREDITOR	PRESENT BALANCE	MONTHLY PAYMENT	A	B	C
<input type="checkbox"/> 1 st Mortgage on Home () house () mobile home () condo							
2 nd Mortgage							
Other Debt:							
Other (Alimony, Child Support, Etc.)							

You agree that everything stated in this application, whether oral, written, or through a FAX machine, is true and correct to the best of your knowledge. The Credit Union or its agent is authorized to investigate your credit worthiness, employment history, and to obtain a credit report and to answer questions about your credit history with you. You understand that any false or misleading statements in your application may cause any loan to be in default. You agree that this application shall be the Credit Union's property whether or not this Credit Application is approved. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on loan applications to Federal Credit Unions or State Chartered Credit Unions insured by NCUA. The USA Patriot Act requires that we obtain, verify, and record information that identifies each person who opens an account.

APPLICANT SIGNATURE X	DATE	OTHER APPLICANT SIGNATURE X	DATE
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