

C.A.H.P. Credit Union

Membership Application



To help ensure accuracy, please complete all requested fields and write N/A (not applicable) in any areas that do not apply to your needs.

➔ Step 1 Eligibility

Affidavit of Eligibility [Required]

Pursuant to the Bylaws of C.A.H.P. Credit Union, Article III, Section 300, I hereby affirm that I am eligible for membership in the C.A.H.P. Credit Union under the following definition* (check one):

Employment

I am an active OR retired officer OR employee of a CAHPCU affiliation group (self-sponsorship).
[Please include a copy of your work I.D.]

Employer _____ Employee # _____

Employer Address _____ Occupation _____

OR...

Residence

I am residing in the same household and have the same registered address of an eligible member/sponsor;

OR...

Relative

I am a relative of sponsor. Relationship to sponsor _____

IMPORTANT! You must sign below. If you're eligible as "Active" or "Retiree," (self sponsorship), you must sign below. If you're eligible as "Residence" or "Relative," the Sponsor must sign below and enter their Member Number.

Signature _____ Date _____

Sponsor's C.A.H.P. Credit Union Membership # _____

*For additional eligibility information, call either office or visit: www.cahpcu.org

➔ Step 2 Primary Member Applicant

Last _____ First _____ M.I. _____

Street Address _____ City _____ State _____ ZIP _____

Mailing Address [if different from above] _____

Cell Phone _____ Work Phone _____ Home Phone _____

E-mail _____ Driver's License # _____ SSN _____ DOB _____

Employer _____ Occupation _____ Employee # _____

Employer Address _____ Mother's Maiden Name _____

➔ Step 3 Joint Account Holder (If Applicable)

Joint Account Holder 1

Last _____ First _____ M.I. _____

Street Address _____ City _____ State _____ ZIP _____

Mailing Address [if different from above] _____

Cell Phone _____ Work Phone _____ Home Phone _____

E-mail _____ Driver's License # _____ SSN _____ DOB _____

Employer _____ Occupation _____ Employee # _____

Employer Address _____ Mother's Maiden Name _____

Joint Account Holder 2

Last _____ First _____ M.I. _____

Street Address _____ City _____ State _____ ZIP _____

Mailing Address [if different from above] _____

Cell Phone _____ Work Phone _____ Home Phone _____

E-mail _____ Driver's License # _____ SSN _____ DOB _____

Employer _____ Occupation _____ Employee # _____

Employer Address _____ Mother's Maiden Name _____



Step 4 Product & Service Request

Check the membership accounts you'd like to open and indicate the amount you will deposit. Add up the column on the right and submit a check or money order for the total amount with your application. To open your initial account, the One-time Membership Fee is required.

One-time Membership Fee: (required)	\$ 5.00
Select Membership Account: (ONE required)	
<input type="checkbox"/> Regular Share (Savings) [\$50 minimum deposit] FREE ATM Card	\$ _____
<input type="checkbox"/> Cadet Club [Ages 0 to 6; \$10 minimum deposit]	\$ _____
<input type="checkbox"/> Rookie Club [Ages 7-12; \$10 minimum deposit]	\$ _____
<input type="checkbox"/> Explorer Club [Ages 13-17; \$50 minimum deposit]	\$ _____

Additional Share Products:

- | | |
|---|----------|
| <input type="checkbox"/> Share Draft (Checking) Account
Type [\$25 minimum deposit] FREE Debit Card | \$ _____ |
| <input type="checkbox"/> Christmas Club Account [\$5 minimum deposit] | \$ _____ |

Account Opening Total: \$ _____

Check our additional Share Products you are interested in:

- Certificate Money Market IRA 10-7 Club

Check our Loan Products you are interested in: (Additional application may be required. All loans granted on approval of credit).

- Credit Card Real Estate Auto/Truck/SUV/Motorcycle RV/Van Conversion Personal or Other: _____

And once you are a Member you can also take advantage of our other great services: @ccss-24 [FREE home banking]; FREE Bill-Pay; Lo@n-24; Direct Deposit; Payroll Deduction; eSt@tements; Verified by Visa [fraud protection]; and more.



Your deposits are insured up to \$500,000 per account. By members' choice this institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money.



Final Checklist & Signature

- Copy of work I.D. for Primary Member or the Sponsor Member. Copy of Driver's License of each new account holder.
- Copy of Social Security Card for each Youth Club Member applicant (if applicable). Complete Beneficiary information below.
- Sign below and include a check or money order for the total amount from Step 4.
- Return in the postage paid envelope provided...or mail to:
C.A.H.P. Credit Union, PO Box 276507, Sacramento, CA 95827-9853 Attn: Membership Officer

Beneficiary Information

In the event of my death and all other joint owners predecease me, I hereby designate the person(s) whose name(s) appears below as my beneficiary(ies) to receive any and all amounts in this account.

Name _____

Street Address _____ City _____ State _____ ZIP _____

Phone # _____

Name _____

Street Address _____ City _____ State _____ ZIP _____

Phone # _____

Signature

I hereby make application for membership in, and agree to conform to the bylaws, as amended, of the C.A.H.P. Credit Union. I hereby authorize the Credit Union to obtain a credit report from a recognized agency or bureau of CAHPCU's choice. Complete account disclosures will be mailed upon account approval. All new account information will be verified.

Primary Member Applicant Signature _____ Date _____

Joint Account Holder 1 Signature _____ Date _____

Joint Account Holder 2 Signature _____ Date _____

Under penalty of perjury, I certify that [1] the tax identification number (social security number) shown on this form is my correct taxpayer identification number and [2] 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 [3] the IRS has notified me that I am no longer subject to backup withholding.

- Check here if you are subject to backup withholding tax.

