

# 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 \_\_\_\_\_ Division \_\_\_\_\_

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](http://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 \_\_\_\_\_ 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 \_\_\_\_\_ 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 \_\_\_\_\_ 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] <b>FREE</b> 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<br>Type [\$25 minimum deposit] <b>FREE</b> 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

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of work I.D. for Primary Member or the Sponsor Member.  | <input type="checkbox"/> Copy of Driver's License of each new account holder. |
| <input type="checkbox"/> Copy of Social Security Card for each Youth Club member (if applicable).   | <input type="checkbox"/> Complete Beneficiary Information below.              |
| <input type="checkbox"/> Sign below and include a check or money order for the total amount from Step 4.  |   |
| <input type="checkbox"/> Return in the postage paid envelope provided...or mail to:<br>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 \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Holder 2 \_\_\_\_\_ 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.

