



Membership Application

Membership Sign Up Instructions:

1. Print this form and complete all required information
2. All Applicants must sign form
3. Fax form with a photocopy of valid driver's license(s)

Membership Eligibility:

- Employer
- Family Member
- School Volunteer

Employer Name _____
 Family Name _____
 District _____

- Individual Account
- Joint Account With Survivorship
- Joint Account Without Survivorship

Primary Owner's Name:	Joint Owner's Name:
Social Security Number:	Social Security Number:
Driver's License Number:	Driver's License Number:
Date of Birth:	Date of Birth:
Home Phone:	Home Phone:
E-Mail Address:	E-Mail Address:

<u>Physical Home Address:</u>	<u>Mailing Address:</u>

Employer:	Employer:
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Work Phone:	Work Phone
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Cell Phone:	Cell Phone:
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- I am subject to backup withholding under the provisions of Section 3406 (a) (1) (c) of the Internal Revenue Code
- Exempt
- I am not a United States Citizen or resident. (W-8 or W-8 BEN Form must be completed)

Under Penalty of Perjury, I hereby certify that the taxpayer identification number provided on this form is true, correct and complete. From time to time, you (SPCTFCU) are permitted to obtain my credit report in conjunction with any application. I hereby make application for membership to SPCTFCU and agree to conform to its bylaws and amendments thereof and subscribe for at least one share (\$5.00). I/We agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and to any amendments SPCTFCU makes from time to time.

Signature of Primary Owner

Signature of Joint Owner

Date

Date

**P. O. Box 850
Sinton, Texas 78387**

**Phone: (361) 364- 3683
Fax: (361) 364-2132**