

AMERICAN PRIDE CREDIT UNION
MEMBERSHIP APPLICATION

How To Join:

1. Complete the following Membership Application and submit it.
2. Once received, we will mail you a completed Membership/Signature Card for your signature and your joint owner's signature (if applicable).
3. The signed Membership/Signature Card must be returned to the credit union along with \$51 (\$50 initial deposit plus one-time \$1 membership fee) for the process to be complete.

Membership Application

The Membership/Signature card you will sign includes the following statements and agreements:

By signing below, 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, if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/We acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested herein. If an access card or EFT services is requested and provided, I/We agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. ***The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

Under the penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup Withholding either because I have not been notified that I am subject to back up withholding as a result of a failure to report all interest or dividends, OR THE Internal Revenue Service 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).

Your Email Address:

First Name:

Middle Name or Initial:

Last Name:

Street Address:

City:

State & Zip:

Social Security #:	<input type="text"/>
Birth date (MM/DD/YY):	<input type="text"/>
Home Phone #:	<input type="text"/>
Business Phone #:	<input type="text"/>

Membership Eligibility:

Name of Employer:	<input type="text"/>
County of Work or Residence:	<input type="text"/>
Are you related to a current member? (Enter Name Here):	<input type="text"/>
Relationship:	<input type="text"/>

Complete the following fields only if there is to be a Joint Owner on your account:

Joint Owners Name:	<input type="text"/>
Joint Owners Social Security #:	<input type="text"/>
Joint Owners Birth date (MM/DD/YY):	<input type="text"/>

E-mail completed form to: apcu@atlanticbbn.net
Can be faxed to: (814) 946-4232
Mail to: 1431 Valley View Blvd. Altoona, Pa., 16602