



Membership Form

Account No. _____
Employee ID No. _____

Driver License # _____

Tax I.D. or SS# _____

(Last Name) (First Name) (Middle Initial)

Residence Address _____

E-mail address _____

Home Phone _____ Cell Phone _____

Department _____ Division _____ Business No. _____

Employment Date _____

Date of Birth _____

PRINT NAME

Designated Beneficiary _____ Relationship _____

Beneficiary Birthdate _____ Beneficiary SS# _____

PRINT NAME

Designated Beneficiary _____ Relationship _____

Beneficiary Birthdate _____ Beneficiary SS# _____

PRINT NAME

Designated Beneficiary _____ Relationship _____

Beneficiary Birthdate _____ Beneficiary SS# _____

I hereby make application for membership in the credit union named below, and agree to conform to its bylaws and amendments thereof, copies of which have been made available to me, and to subscribe for at least one (1) share. If life savings insurance is carried in connection with my account, I agree on behalf of myself, my heirs, and my assigns, in consideration of the credit union carrying such insurance, that no change of the beneficiary designated above shall be binding upon the credit union unless I have filed with the credit union prior to my death a written change of beneficiary form signed by me on the form supplied by the credit union; and, in the absence of filing such change of beneficiary form, I agree on behalf of myself, my heirs, assigns, or any other persons claiming through me to indemnify and save harmless the credit union from any and all loss or damage by reason of the payment of the proceeds of such insurance to such person as the credit union records show to be entitled thereto. The Credit Union does not agree that life savings insurance will be provided in the future. The undersigned agrees that life savings insurance may be cancelled at any time by the Credit Union at the sole discretion of the Credit Union.

SIGNATURE _____ Date: _____

ACCOUNTHOLDERS CERTIFICATION

Under 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 backup 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.

(INSTRUCTION- You must strike out the language certifying that you are not subject to backup withholding due to notified payee under reporting if you have been notified that you are subject to backup withholding due to notified payee under reporting and you have not received a notice from the Internal Revenue Service advising you that backup withholding has terminated.)

ACCOUNTHOLDER

JOINT SHARE ACCOUNT AGREEMENT

NOT TRANSFERABLE

The Birmingham City Credit Union is hereby authorized to recognize any of the signatures subscribed hereto in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with said Credit Union that all sums now paid in on shares, or heretofore or hereafter paid in on shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge said Credit Union from any liability for such payment. Any or all of said joint owners may pledge all or any part of the shares in this account as collateral security to a loan or loans.

The joint owners of this account hereby agree with each other and with said credit union that any or all of said joint owners may revoke this joint share account agreement and remove from ownership in the account any or all said joint owners. The joint owners so removed from this account shall have no interest, rights, or privileges in and to the account or assets thereof. The revocation shall not affect the validity of revocation must be in writing and in a form acceptable to the Credit Union. This account is not transferable as defined in 12 CFR Part 204.

Date: _____ Primary Signature _____

Joint Owners:

Signature _____ Print Name _____

Birthday _____ SS# _____ Relationship _____

Signature _____ Print Name _____

Birthday _____ SS# _____ Relationship _____

Signature _____ Print Name _____

Birthday _____ SS# _____ Relationship _____