

Membership Application

Primary Owner

Last Name		First Name		MI	SSN (xxx-xx-xxxx)
Street Address					
City	State	Zip Code	Home Phone		Work Phone
Date of Birth (mm/dd/yyyy)	E-Mail Address			Work E-Mail Address	
Employed By					
Employer Address			City	State	Zip Code
Account Type: <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Minor					

Joint Applicant

Last Name		First Name		MI	SSN (xxx-xx-xxxx)
Street Address					
City	State	Zip Code	Home Phone		Work Phone
Date of Birth (mm/dd/yyyy)	E-Mail Address			Work E-Mail Address	
Employed By					
Employer Address			City	State	Zip Code

TIN Certification and Backup Withholding Information

By completing and submitting this document, I certify, under penalties of perjury (1) that the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct number; (2) that I am NOT, unless designated below, 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 dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding and; (3) that I am a U.S. person (including a U.S. resident alien).

- I am subject to backup withholding
 Exempt
 I am not a United States citizen (complete W-8 form)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By completing and submitting this document, I/we agree to be bound by the terms and conditions of the credit union's Terms and Conditions of Your Account, Rate and Fee Schedule, Truth-In-Savings Disclosure, Funds Availability Disclosure and Electronic Funds Transfer Disclosure Statement and Agreement.

MEMBER SAVINGS ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

I hereby authorize the Entertainment Industries Federal Credit Union (Credit Union) to establish this member savings account for me/us and subscribe for at least one transferable share (\$5.00). I/We agree to be bound by the terms and conditions of any account I have in the credit union now and in the future. In conjunction with my/our membership, I authorize the credit union to obtain credit reports in connection with this application for membership. If you request, the credit union will tell you the name and address of any bureau from which it received a credit report on you.

JOINT SHARE ACCOUNT AGREEMENT (*NOT TRANSFERABLE)

ENTERTAINMENT INDUSTRIES FEDERAL CREDIT UNION is hereby authorized to recognize any of the signatures subscribed 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. The joint owners also agree to the terms and conditions of the account as established by the credit union from time to time. 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 from the credit union.

The right or authority of the credit union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to said credit union which shall not affect transactions theretofore made.

In order to process this Membership Application, it is necessary for the credit union to obtain your signature, \$5.00 deposit, and a copy of your photo identification. To avoid any monthly fees, \$255.00 on deposit is required. Please print this form, sign and date it, then fax to the credit union at (908) 282-9885. Mail the completed Membership Application, along with a copy of your photo ID such as your driver's license and your \$5.00 check to:

Entertainment Industries FCU
16 West Grand Street
Elizabeth, NJ 07201-2312

Primary Owner Signature _____ Date ____ / ____ / ____

Joint Member Signature _____ Date ____ / ____ / ____