

MEMBERSHIP APPLICATION



Brown County Employees Credit Union

512 E. Walnut St.

Green Bay, WI 54301

Phone: 920-448-4182 Fax: 920-448-4337

Website: www.bcecu.com

Membership Qualification: _____

MEMBER NAME: _____

CURRENT ADDRESS: _____

HOME PHONE#: _____ **WORK PHONE#:** _____

BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____

DEPARTMENT: _____ **CLOCK#:** _____

Authorization Notice: By submitting this application to the Credit Union, you certify that everything you have stated in this application is correct to the best of your knowledge. You understand that the Credit Union will rely on the representations you make in this application when deciding whether to grant membership. You agree to immediately notify us of changes to any of the information you have provided in this application. You understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on applications made to Credit Unions or State Chartered Credit Unions insured by NCUA.

IMPORTANT INFORMATION: PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license and/or other identifying documents.

Authorized Signature: _____ Date: _____

FAX COMPLETED FORM(S) TO: (920) 448-4337

OR

MAIL COMPLETED FORM(S) TO: Brown County Employees Credit Union

Attn: Member Services

512 E. Walnut St.

Green Bay, WI 54301

(See next page for joint owner information)

JOINT OWNER INFORMATION

JOINT OWNER NAME: _____

CURRENT ADDRESS: _____

HOME PHONE#: _____ **WORK PHONE#:** _____

BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____

DEPARTMENT: _____ **CLOCK#:** _____

JOINT OWNER INFORMATION

JOINT OWNER NAME: _____

CURRENT ADDRESS: _____

HOME PHONE#: _____ **WORK PHONE#:** _____

BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

ISSUE DATE: _____ **EXPIRATION DATE:** _____

DEPARTMENT: _____ **CLOCK#:** _____