



Account # _____

I hereby make application for membership and agree to abide by the bylaws of America First Federal Credit Union. I understand that any changes in ownership must be evidenced through a new Membership Application or Joint Owner Release Form. I qualify for membership based on one of the following:

- ☐ Live, work (or regularly conduct business in), worship, volunteer or attend school in one of the following areas:
- ☐ Salt Lake County, Utah
 - ☐ Within a 12-mile radius of the Mesquite, Nevada US Post Office
 - ☐ Utah or Juab Counties, Utah
 - ☐ Lincoln County, Nevada except those living within a 25 mile radius of the Alamo Post Office, NV
 - ☐ Clark County, Nevada
- Qualifying address _____
- ☐ Owners, employees, suppliers and their employees, or associated companies and their employees involved in the food industry, in Utah
- Qualifying name and address _____
- ☐ Member of the immediate family (*Parent, Spouse, Sibling/Step, Child/Step, Grandparent, Grandchild*) or household of an existing member or those eligible for membership.
- Qualifying name, address and account number _____
- ☐ Spouse of a person who died while within the field of membership. Qualifying name and address _____
- ☐ Employee, or member of a Select Employee Group (SEG) or of an affiliated association in Utah: SEG or Association _____
- ☐ Existing member of America First Federal Credit Union: Primary Account Number _____
- ☐ Employee of America First Federal Credit Union or its subsidiary companies.

Member (Please Print) _____ Primary Account _____ Secondary Account _____	Joint Owner (Not Applicable to IRA) _____ Account # _____
Member/Owner _____ Male _____ Female _____	Joint Owner _____ Male _____ Female _____
Street Address _____	Street Address _____
Mailing Address _____	Mailing Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Residential Status (Rent, Own, Buying) _____	SSN _____ Date of Birth _____
Time at Current Address: Years _____ Months _____	Employer _____ Occupation _____
SSN _____ Date of Birth _____	Time on Job _____ Work Phone _____
Home Phone _____ Cell Phone _____	Email _____
Employer _____ Occupation _____	
Time on Job _____ Work Phone _____	Joint Owner _____ Male _____ Female _____
Email _____	Street Address _____
Relative NOT living with you	Mailing Address _____
Name _____	City _____ State _____ Zip _____
Address _____	SSN _____ Date of Birth _____
Phone _____ Relationship _____	Employer _____ Occupation _____
	Time on Job _____ Work Phone _____
	Email _____

Subject to Approval by the Membership Officer/Account is subject to a \$10 fee if closed within 90 days

The USA PATRIOT ACT requires America First Federal Credit Union to obtain information and/or documentation to verify your identity. AUTHORIZATION 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. I also request a PIN (Personal Identification Number) and agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/We authorize the Credit Union to obtain a credit report from a credit reporting agency, to verify eligibility for the accounts and services requested. I/We certify that the information contained herein is true and correct.

BACKUP WITHHOLDING AND TIN CERTIFICATION By signing below, I certify, under penalties of perjury, that (1) I am a U.S. person (including a U.S. resident alien), (2) the Social Security Number(SSN)/Tax Payer Identification Number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding 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.

☐ I am subject to backup withholding

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

<p>Signature of Member _____ Date _____</p> <p>ID (Type, Issue, Number) _____ Issue/Expiration Date _____</p>	<p>Signature of Member _____ Date _____</p> <p>ID (Type, Issue, Number) _____ Issue/Expiration Date _____</p>
<p style="text-align: center;">Credit Union Use Only</p> <p>FICO Score _____ Chexsystems Called _____ Debit Card Ordered _____</p> <p>PIN Ordered _____ Approved _____ Denied _____ Denial Letter? _____</p> <p>Received by _____ Date Posted _____</p> <p>Approved by _____ Branch Number _____</p>	<p>Signature of Member _____ Date _____</p> <p>ID (Type, Issue, Number) _____ Issue/Expiration Date _____</p>
<p>Fact Act Information</p>	<p>Verification of Membership Eligibility</p>

ALL SIGNATURES MUST BE NOTARIZED UNLESS WITNESSED BY A CREDIT UNION EMPLOYEE