

# Membership Change Form

Member #: \_\_\_\_\_



Add or Change:
Primary Member Information: _____
Joint Members: _____ Add _____ Change _____ Remove
Beneficiaries: _____ Add _____ Change _____ Remove

## Primary Member Information

Member Name: \_\_\_\_\_  
Last First MI

Previous Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Eligibility: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ State ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer Information:

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Joint Member Information Membership Savings Only Checking Only

Member Name: \_\_\_\_\_  
Last First MI

Previous Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Eligibility: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ State ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer Information:

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Joint Member Information Membership Savings Only Checking Only

Member Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Eligibility: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ State ID #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Employer Information:

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Beneficiary Information:**  **Membership**  **Savings Only**  **Checking Only**  **CD #** \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_  
Last First MI

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Joint Share Account Agreement:**

New Horizons Credit Union, Inc. is hereby authorized to recognize any of the signatures subscribed below 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 New Horizons Credit Union, Inc. 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 1) the terms and conditions of the account as established by the credit union from time to time; and 2) conform to the credit union's By-Laws and Amendments thereof.

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 and 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 New Horizons Credit Union, Inc. which shall not affect transactions theretofore made.

\_\_\_\_\_  
CHECK HERE if you are subject to backup withholding under the provisions of Section 4306(a)(1)(c) of the Internal Revenue Code. Certification: Under penalties of perjury, I certify that the Taxpayer Identification and Backup Withholding Information in this form is true, correct, and complete and I am a U.S. person (including a U.S. Resident Alien). "The Internal Revenue Service does not require your consent to any provision of certifications required to avoid backup withholding."

Primary Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved By:

\_\_\_\_\_  
Signed Date  
Membership Officer

CU Use Only	
ChexSystems:	_____
Credit Report:	_____
Card Ordered:	_____
Checks Ordered:	_____