

# Members Trust of the Southwest FCU

## Membership Application

Please complete this form and fax to Houston office: 713-681-2114 or Stephenville office: 254-968-4687

To begin the membership application process, please provide all the requested information. When you have completed the form, fax your membership application request to one of the branch locations listed above, or mail to Members Trust of the Southwest FCU - PO Box 925687 - Houston, TX 77292-5687 or deliver to any of our locations in person. A credit union representative will be in contact with you to continue the application process. Thank you for your interest in joining Members Trust of the Southwest FCU.

### General Information

Will the be a co-applicant on this application?  No  Yes, 1 co-applicant  Yes, 2 co-applicants

Membership Eligibility

- Employer  
 Family Member  
 Community

Employer Name:

Family Name

Community Name

### Primary Applicant

Last Name

Middle Name

First Name

Social Security Number (TIN)

Date of Birth

Home Phone #

Work Phone #

Other Phone #

Email Address

Mother's Maiden Name

I certify that:

The TIN is correct and

- I am  I am not

Subject to back-up withholding (Select One) and I am a U.S. Person (including a U.S. Resident Alien).

Drivers License #

Drivers License State

Drivers License Expiration Date

**Home Address (not P.O. Box)**

Address 1

Address 2

City

State  Zip Code

Time at current residence?

Residence Type  Own  Rent  Other

**Mailing Address (If Different)**

Address 1

Address 2

City

State

Zip Code

**Employment History**

Present Employer Name

Employer Phone Number

Employer's Address 1

Employer's Address 2

City

State

Zip Code

Job Title

Job Start Date

**References**

**Nearest Relative Not Living With You**

Last Name

First Name

Relationship

Phone Number

Address 1

Address 2

City

State

Zip Code

**How would you like to be contacted**

Home Phone

Other

Work Phone

Email Address

Other Phone

Special Instructions\comments:

**Signature**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If this is for a joint account Print this page and then click [here](#) for the co-applicant form.