

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 informatoin. When you have completed the form, fax your membership applicatin request to one of the branch location 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 <input style="width: 95%;" type="text"/>	Middle Name <input style="width: 95%;" type="text"/>
First Name <input style="width: 95%;" type="text"/>	Social Security Number (TIN) <input style="width: 95%;" type="text"/>
Date of Birth <input style="width: 95%;" type="text"/>	Home Phone # <input style="width: 95%;" type="text"/>
Work Phone # <input style="width: 95%;" type="text"/>	Other Phone # <input style="width: 95%;" type="text"/>
Email Address <input style="width: 95%;" type="text"/>	Mother's Maiden Name <input style="width: 95%;" type="text"/>

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.