MEMBERSHIP APPLICATION Please complete the application here, then print it out, sign and return to Southern Security via mail or in-person. PRIMARY OWNER (MEMBER) LAST NAME (JR., SR.) FIRST NAME SOCIAL SECURITY #/ TIN MALE \square MI DATE OF BIRTH FEMALE ___ STREET ADDRESS CITY HOME PHONE # STATE 7IP MAILING ADDRESS (if different from above) CITY STATE ZIP CELL PHONE # **IDENTIFICATION TYPE** NUMBER STATE/COUNTRY **EXPIRATION DATE** MEMBERSHIP ELGIBILITY Employer Association Family Military ID MOTHER'S MAIDEN NAME **EMAIL ADDRESS EMPLOYER** DATE STARTED OCCUPATION/TITLE EMPLOYER PHONE # **EMERGENCY CONTACT** CITY & STATE RELATIONSHIP CONTACT'S PHONE # **OWNERSHIP TYPE** INDIVIDUAL (Sole Ownership) JOINT (Tenants with Right of Survivorship) UTMA TRUST (Separate Agreement on File) JOINT OWNER 1, if applicable MALE LAST NAME (JR., SR.) FIRST NAME МΙ DATE OF BIRTH SOCIAL SECURITY #/ TIN FEMALE STREET ADDRESS CITY STATE ZIP HOME PHONE # CELL PHONE # MAILING ADDRESS (if different from above) CITY STATE ZIP **IDENTIFICATION TYPE** NUMBER STATE/COUNTRY **EXPIRATION DATE** ☐Driver's Lic/State ID Military ID MOTHER'S MAIDEN NAME **EMAIL ADDRESS** Passport Othe<u>r</u> **EMPLOYER** DATE STARTED OCCUPATION/TITLE EMPLOYER PHONE # JOINT OWNER 2, if applicable MALE | LAST NAME (JR., SR.) FIRST NAME MΙ DATE OF BIRTH SOCIAL SECURITY #/ TIN FEMALE STREET ADDRESS CITY STATE ZIP **HOME PHONE #** MAILING ADDRESS (if different from above) CITY STATE ZIP CELL PHONE # **IDENTIFICATION TYPE EXPIRATION DATE** NUMBER STATE/COUNTRY ☐ Driver's Lic/State ID ☐ Military ID MOTHER'S MAIDEN NAME **EMAIL ADDRESS** Passport Other_ OCCUPATION/TITLE **EMPLOYER** DATE STARTED **EMPLOYER PHONE #**



by my/our heirs, or control BENEFICIARY NAME	/our lifetime. I/we u	ficiaries listed below. Inderstand these acco	I/we understand that bunts will belong to the Membership Agree	I/we can ind le named be ment with the	ividually or jointl neficiary(ies), an	ship of the account will ly withdraw the funds i d will not be inherited vill govern payment.
BENEFICIARY NAME	ADDRESS		DATE	OF BIRTH I	RELATIONSHIP	SOCIAL SECURITY #
ACCOUNT TYPE AND	SERVICES (check	all that apply)	,			
Share/Savings (\$25 r Miscellaneous Share Holiday Club		☐ De	are Draft/Checking (Apbit MasterCard (Shar	e Draft/Che	ecking required	☐ ATM Card d) OR er 1 ☐ Joint Owner 2
ESTIMATED ACCOUNT	ACTIVITY (-b		requested: L Frima	ary Member	J Joint Owne	gr
Account Product			roduct Activity		Account Pro	oduct Activity
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☐ ACH – Electronic Banking Transactions ☐ Debit Card – ATM Access or Purchases		☐ Money Orders or Cashier's Checks ☐ Wire Transfer – Domestic			☐ E-Statements ☐ Mobile Banking	
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SIGNATURES By signing this application			bership in Southern S	ecurity Fede	ral Credit Union.	. You warrant the truth
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