

New Membership Application

*indicates a required field.

Please complete this application and either fax, mail or drop it off at one of our locations. Once your application is reviewed, we will contact you.

Primary Member Applicant _____ (check if applicable)

Family Applicant _____ (check if applicable)

Primary Member Employer or Association _____

Name of Family Member currently a SWFCU member _____

Family Member Relationship _____

Personal Information

*Last Name _____ *First Name _____ MI _____

*SSN _____ *Address _____

City _____ State _____ Zip _____

*Home Phone _____ Business Phone _____

*Email Address _____

Birth Date _____ Driver's License Number _____ DL State _____

Work Information

Occupation _____ Employer _____

Employer Address _____

Joint Owner Personal Information

*Last Name _____ *First Name _____ MI _____

*SSN _____ *Address _____

City _____ State _____ Zip _____

*Home Phone _____ Business Phone _____

Birth Date _____ Driver's License Number _____ DL State _____

Account Ownership

_____ Single Party Account without Payable on Death Designation

_____ Single Party Account with Payable on Death Designation

_____ Joint Account (multiple party) with Right of Survivorship

Death Beneficiary 1 _____

Death Beneficiary 2 _____

Death Beneficiary 3 _____

Backup Withholding Certification: _____ Not Subject to Withholding

_____ Subject to Withholding

To help the government fight the funding of Terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you is when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license and other identifying information.