



# Norristown Bell Credit Union

"Saving Our Members Money"

## Membership Application

### Membership Sign Up Instructions

1. Print this form and then complete the information required below.
2. Make sure all the information is filled out and that all applicant(s) have signed below.
3. When mailing this to NBCU, please include a photocopy of any applicant(s) driver's license(s) or other official I.D.
4. Include the initial minimum deposit of \$5.00 per share account and 25 cents per applicant joining, payable to "NBCU."

Individual Account

Joint Account With Survivorship

Primary Owner's Name \_\_\_\_\_

Joint Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

Driver's License # and State \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Home Address \_\_\_\_\_

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

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

Mother's Maiden Name \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

**Membership Eligibility:** If you do not either live or work in Montgomery County, Pennsylvania, please indicate how you are eligible for membership. Check all that apply:

- Primary  Joint I volunteer or in Montgomery County, PA  
 Primary  Joint I worship in Montgomery County, PA  
 Primary  Joint I attend school in Montgomery County, PA  
 Primary  Joint I own a business in Montgomery County, PA

Beneficiary/POD Payee \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Social Security # \_\_\_\_\_  
 Relationship to Member \_\_\_\_\_

Business Name & Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### TIN Certification and Backup Withholding Information

#### Check only if applicable.

- I am subject to backup withholding under the provisions of Section 3406(a) (1) (c) of the Internal Revenue Code.  
 Exempt  
 I am not a United States citizen or resident. (Must complete W-8 or W-8 BEN form)

Under penalty of perjury, I hereby certify that all of the information provided on this form is true, correct and complete. From time to time, you (NBCU) are permitted to obtain my credit report in conjunction with any application. I hereby make application for membership to NBCU and agree to conform to its bylaws and amendments thereof and subscribe for one share. I/We agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and to any amendment(s) NBCU makes from time to time, which are incorporated herein.

Signature of Primary Owner \_\_\_\_\_

Signature of Joint Owner \_\_\_\_\_

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

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

Blue Bell Office:  
1407 Erbs Mill Road  
Blue Bell, PA 19422  
Phone: (610) 275-8440  
Fax (610) 275-6473

King Of Prussia Office:  
588 N. Gulph Road  
King of Prussia, PA 19406  
Phone: (610) 768-2020  
Fax (610) 275-6473