

- Qualification for Membership we cannot process your application without the required proof of eligibility
  - A member, attendee, employee or volunteer of an Evangelical faith based church within the State of Idaho.
  - An attendee the Church of the Nazarene worldwide.
  - An alumni, student, parent of a student, volunteer or faculty member of one of the following schools:
    - i. Nampa Christian Schools
    - ii. Cole Valley Christian Schools
    - iii. Greenleaf Friends Christian Academy
    - iv. Any Nazarene school or university
    - v. Boise Bible College

ID# (Driver's License or Govt. ID)

E-mail Address

State of Issue

Exp Date

An immediate family member of an NWCCU member VALID IDENTIFICATION INCLUDES: A government issued photo Driver's License or ID Card. **CHECK ONE ONLY** ■ New Application □ Update Membership Number CHECK ONE ONLY ☐ Church ☐ School ☐ Family Member ☐ Name of Church or School you attend or are alumni of: \_\_\_\_\_ ☐ Name of Relative who is a current NWCCU Member: Enclose Initial Deposit to open account AN INITIAL DEPOSIT MUST BE INCLUDED WITH THIS APPLICATION. Minimum deposit \$5.00 - plus \$1.00 membership fee. ☐ Initial Deposit Amount \_ ☐ Check ☐ Money Order ☐ Other Custodial Account Type (For descriptions, see the Account Ownership Types form available at www.nwchristiancu.org/applications or call 800.955.7775 ☐ Custodian (Minor) ☐ Guardian (Ward) ☐ Representative Payee (Recipient of SS funds) ☐ Estate (Executor/Executrix) ☐ Trust (Trustee) **Enter your Personal Information** MINOR, WARD, RECIPIENT, ESTATE/TRUST INFORMATION CUSTODIAN, GUARDIAN, REP PAYEE, EXECUTOR/TRUSTEE INFORMATION FILLED OUT COMPLETELY FILLED OUT COMPLETELY First Name Initial Last Name First Name Initial Last Name Street Address Apt# Street Address PO Box City PO Box City State Zip Home Phone (and area code) State Home Phone (and area code) Cell Phone (and area code) Work Phone (and area code) Work Phone (and area code) Cell Phone (and area code) SSN/TIN# Date of Birth SSN/TIN# Date of Birth

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E-mail Address

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**Exp Date** 

## SUCCESSOR - CUSTODIAN, GUARDIAN, REP PAYEE, EXECUTOR/TRUSTEE INFORMATION FILLED OUT COMPLETELY

Attn: Member Services

## First Name Initial Last Name First Name Initial Last Name Street Address Apt# Street Address Apt# PO Box PO Box City City State Zip Home Phone (and area code) State Zip Home Phone (and area code) Work Phone (and area code) Cell Phone (and area code) Work Phone (and area code) Cell Phone (and area code) SSN/TIN# Date of Birth SSN/TIN# Date of Birth Exp Date ID# (Driver's License or Govt. ID) ID# (Driver's License or Govt. ID) State of Issue State of Issue **Exp Date** E-mail Address E-mail Address Choose accounts □ CD/IRA x Primary Share □ Noah □ Money Market □ Freedom Funds (required for membership) □ Additional Savings □ Loan □ Share Draft □ Extreme □ Trust 6. Sign Application: Under penalties of perjury, I certify that: $\square$ (1) the TIN number shown on this membership card is my correct taxpayer identification number, $\square$ (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen which includes U.S. resident aliens. TIN certification instructions: If you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return and been notified by the IRS, cross out item 2 above. If you are not a U.S. citizen cross out item 3 and complete a 2-8 BEN. This institution is privately insured to \$500,000 per account. This institution is not federally insured, and if the institution fails, the Federal Government does not guarantee that depositors will get back their money. Your signature below indicates that you/we agree to the terms and conditions of the Terms and Conditions of your Account; Truth-in-Savings Disclosure, Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement, if applicable, and to any amendment made from time to time by the Credit Union and incorporated herein. The undersigned also agrees to authorize the Credit Union to verify credit and employment history by necessary means, including preparation of a credit report by a credit reporting agency on the undersigned, as individuals. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. X Signature of Custodian, Guardian, Rep Payee, Executor/Trustee Date Signature of SUCCESSOR (Custodian, Guardian, Rep Payee, Executor/Trustee) Date Signature of SUCCESSOR (Custodian, Guardian, Rep Payee, Executor/Trustee) Date How did you hear about us? ☐ Family or Friend ☐ Radio Ad ☐ Print Ad ☐ TV Ad ☐ Community Event ☐ Online ☐ Other For Office Use Only: **Mail Application To:** Northwest Christian Credit Union

SUCCESSOR - CUSTODIAN, GUARDIAN, REP PAYEE, EXECUTOR/TRUSTEE

INFORMATION FILLED OUT COMPLETELY

Processed by:

716 E Colorado Ave Nampa, ID 83686