



**NORTHWEST CHRISTIAN**  
CREDIT UNION

**1. 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 of 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**
- **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      Date

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: \_\_\_\_\_

**2. 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 \_\_\_\_\_

**3. Choose account type (for Account Type description, see the Account Types form available at [www.nwchristiancu.org/applications](http://www.nwchristiancu.org/applications) or call 800.955.7775. For Accounts with Beneficiaries, please fill out the Beneficiary Information Form available at [www.nwchristiancu.org/applications](http://www.nwchristiancu.org/applications) or call 800.955.7775.**

Individual – No Beneficiary       Individual - With Beneficiary: Payable on Death (POD) Account (Fill out Beneficiary Information form)       Joint with Right of Survivorship

**4. Enter your Personal Information**

PRIMARY MEMBER – FILL OUT COMPLETELY

\_\_\_\_\_  
First Name      Initial      Last Name

\_\_\_\_\_  
Street Address      Apt#

\_\_\_\_\_  
PO Box      City

\_\_\_\_\_  
State      Zip      Home Phone (and area code)

\_\_\_\_\_  
Work Phone (and area code)      Cell Phone (and area code)

\_\_\_\_\_  
SSN/TIN#      Date of Birth

\_\_\_\_\_  
ID# (Driver's License or Govt. ID)      State of Issue      Exp Date

\_\_\_\_\_  
E-mail Address

JOINT OWNER – FILL OUT COMPLETELY

\_\_\_\_\_  
First Name      Initial      Last Name

\_\_\_\_\_  
Street Address      Apt#

\_\_\_\_\_  
PO Box      City

\_\_\_\_\_  
State      Zip      Home Phone (and area code)

\_\_\_\_\_  
Work Phone (and area code)      Cell Phone (and area code)

\_\_\_\_\_  
SSN/TIN#      Date of Birth

\_\_\_\_\_  
ID# (Driver's License or Govt. ID)      State of Issue      Exp Date

\_\_\_\_\_  
E-mail Address

