

1. Qualification for Membership - we cannot process your application without the required proof of Eligibility

☐ Update

Membership Number

Date

- 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**

CHECK ONE ONLY	Church	☐ School	☐ Family Membe	er							
□ 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											
3. Choose account type (for Account Type description, see the Account Types form available at 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 or call 800.955.7775. Individual – No Beneficiary Individual - With Beneficiary: Payable on Death (POD) Account (Fill out Beneficiary Information form) Individual - With Beneficiary Information form) Individual - With Beneficiary Information form Individual - With Beneficiary Information Individual - With Beneficiary											
4. Enter your Personal I	Information										
PRIMARY MEMBER – FILL OUT COMPLETELY JOINT OWNER – FILL OUT COMPLETELY							<u>LY</u>				
First Name Initial	Initial Last Name			lame	Initial Last Name						
Street Address		Apt#	Street	Address			Apt#				
PO Box City				ox City							
State Zip	Home Pho	one (and area code)	State		Zip	Home Phone	(and area code)				
Work Phone (and area code) Cell Phone (and area code)			Work	Work Phone (and area code) Cell Phone (and area cod			nd area code)				
SSN/TIN# Date of Birth			SSN/T	SSN/TIN# Date of Birth							
ID# (Driver's License or Govt. II	D) State of Issue	Exp Date	ID# (D	river's Licens	e or Govt. ID)	State of Issue	Exp Date				
E-mail Address			E-mail	Address							

5.	Choose a	ccounts											
	<u>x</u> Primar	y Share	□ Noah	□ Money Marke	et 🗆 Freed	lom Funds		D/IRA					
	□ Share		□ Extreme	□ Trust	□ Addit	ional Savings	□ Lo	pan					
6.	Sign Appl	ication:											
		Under penalties of perjury, I certify that:											
		\square (1) the TIN number shown on this membership card is my correct taxpayer identification number,											
		(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.												
	n of this doc	ument other	than the certif	ications required to	avoid backu	p withholding.		nal Revenue Service does not require your consent to a	ny				
^	Signature	of Primary	Member					Date					
¥													
	Signature	e of Joint Ov	ner (if applica	able)				Date					
7.	How did y	you hear abo	ut us?										
	Family or Fr	riend \square	Radio Ad	Print Ad [□ TV Ad	☐ Commun	ity Event	☐ Online ☐ Other	_				
Mail Application To: Northwest Christian Credit Union Attn: Member Services 716 E Colorado Ave Nampa, ID 83686							For Office Use Only:						
							Processed by:						
. ampu,	.5 55000							Date received					