



<b>To be completed by Credit Union</b>	
Member # _____	DOE Empl <input type="checkbox"/> yes <input type="checkbox"/> no      Family Mbr <input type="checkbox"/> yes <input type="checkbox"/> no
Payroll Group # _____	
Date Opened: _____	Tlr # _____

**Membership Application**  
 (\* Indicates Required Information)

Date \_\_\_\_\_

\* **Primary name** \_\_\_\_\_ **\*SS#** \_\_\_\_\_ **\*DOB** \_\_\_\_\_  
**Joint name** \_\_\_\_\_ **\*SS#** \_\_\_\_\_ **\*DOB** \_\_\_\_\_  
 \* **Address** \_\_\_\_\_  
 \***City** \_\_\_\_\_ **\*State** \_\_\_\_\_ **\*Zip** \_\_\_\_\_  
 \***Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **e-mail** \_\_\_\_\_  
 \***Driver's License** \_\_\_\_\_ **State:** \_\_\_\_\_ **#** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
 \***Mother's Maiden Name** \_\_\_\_\_

**or**

\***State/Federally issued ID** \_\_\_\_\_ **Agency:** \_\_\_\_\_ **Number:** \_\_\_\_\_  
 \***How do you qualify for membership?**     **Employee**     **Member**     **Relative**     **Other**  
 \***Employer/Division** \_\_\_\_\_

Payable on Death (Optional)  
 Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please see your Credit Union representative for assistance or call us at 505-845-6939 regarding questions

**Account Options:**

\_\_\_\_\_ **\*Savings**      \_\_\_\_\_ Home Banking  
 \_\_\_\_\_ Checking      \_\_\_\_\_ SmartLine (audio line)  
 \_\_\_\_\_ Other: \_\_\_\_\_

Note the plastic access(es) you want:

\_\_\_\_\_ VISA Check Card  
 #ATM Cards:     Sav     Ck

**Original Deposit:**

\***Savings**    \$ \_\_\_\_\_  
 (\$25 minimum to open)  
 Checking    \$ \_\_\_\_\_  
 (\$20 minimum to open)

**Type of Deposit:**

\_\_\_\_\_ Cash  
 \_\_\_\_\_ Personal Check  
 \_\_\_\_\_ Payroll Check  
 \_\_\_\_\_ Other: \_\_\_\_\_

**Allocation of Funds:**

\_\_\_\_\_ Payroll Deduction  
 \_\_\_\_\_ Direct Deposit of Net paycheck  
 How do you want the funds distributed?  
 To Sav     \$ \_\_\_\_\_    To Ck     \$ \_\_\_\_\_

**Initial check Order:** (Fill in Only if Ordering checks)

Name 1 \_\_\_\_\_ Phone # \_\_\_\_\_  
 Name 2 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Starting check # \_\_\_\_\_ Design \_\_\_\_\_ # Boxes \_\_\_\_\_ Cover Color \_\_\_\_\_

Please note: Your check order cannot be processed until (1) all signers on the account have signed the signature card and (2) there are enough funds in the checking account to cover the cost of your order.