

Williamson County Catholic CU Membership Application

Last	First	Middle Initial	Social Security Number
Street (Do not use P.O. Box)		City	State Zip
Home Phone		Cell Phone	E-mail Address
Residence Type (house, apt, condo)		Own Rent Other	How long at residence?
Driver's License Number		Date of Birth	Password (Mother's Maiden Name)
Employer (Name & address)			
Supervisor's name		How long there?	Employer's Phone #

Co-Membership Applicant Information (If applicable)

Last	First	Middle Initial	Social Security Number
Street (Do not use P.O. Box)		City	State Zip
Home Phone		Cell Phone	E-mail Address
Residence Type (house, apt, condo)		Own Rent Other	How long at residence?
Driver's License Number		Date of Birth	Password (Mother's Maiden Name)
Employer (Name & address)			
Supervisor's name		How long there?	Employer's Phone #

By signing below I am applying for membership in WCCCU, agree to follow by its bylaws and amendments, pay my membership or entrance fee and subscribe for at least one \$___ share. *I also consent to having my credit report checked as a means of verifying my identity.* I qualify for membership in this credit union because _____.

Certification: Under penalties of perjury, I certify:

- (1) that the number shown on this form is my correct taxpayer identification number
- (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding and
- (3) that I am a U.S. Person (including a U.S. resident alien.)

Instruction: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Signature (1): _____ Date: _____

Printed Name (1): _____

Signature (2): _____ Date: _____

Printed Name (2): _____