

Membership Application

	Name	Account Number	Account Password
Account Type(s):	<input type="checkbox"/> Primary Share Account	<input type="checkbox"/> Secondary Share Account	<input type="checkbox"/> Merry Money Share Account
	<input type="checkbox"/> Money Market	<input type="checkbox"/> Cash Back Checking	<input type="checkbox"/> Performance Checking
	<input type="checkbox"/> EZ Checking	<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Youth Share Account
			<input type="checkbox"/> Age 0-4
			<input type="checkbox"/> Age 5-12
			<input type="checkbox"/> Age 13-17
Electronic Services:	<input type="checkbox"/> QuickDraw ATM Card	<input type="checkbox"/> QuickDraw PLUS MasterCard Debit Card	
Account Ownership:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint		

Primary Owner Information

Eligibility for Membership _____

First Name		Middle Initial	Last Name		Social Security Number	
Street Address			City		State	Zip
Mailing Address			City		State	Zip
Driver's License Number	Issue Date	Expiration Date		Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	Cell Phone		E-Mail Address		
Occupation	Law Enforcement ID#		Employer			
Monthly Gross Salary	Years Employed In Current Position		Birthplace			

Joint Owner 1 Information

Relationship to Primary _____

First Name		Middle Initial	Last Name		Social Security Number	
Street Address			City		State	Zip
Driver's License Number	Issue Date	Expiration Date		Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	Cell Phone		E-Mail Address		
Occupation	Law Enforcement ID#		Employer		Birthplace	

Joint Owner 2 Information

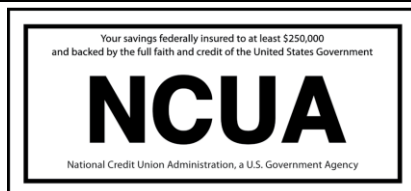
Relationship to Primary _____

First Name		Middle Initial	Last Name		Social Security Number	
Street Address			City		State	Zip
Driver's License Number	Issue Date	Expiration Date		Date of Birth	Mother's Maiden Name	
Home Phone	Work Phone	Cell Phone		E-Mail Address		
Occupation	Law Enforcement ID#		Employer		Birthplace	

Pay-On-Death

Pay-On-Death - In the event of Your death You, the undersigned, a member of the credit union, hereby designate the following beneficiary(ies):

Name _____	Address _____	SSN _____	Date of Birth _____
Name _____	Address _____	SSN _____	Date of Birth _____
Name _____	Address _____	SSN _____	Date of Birth _____
Name _____	Address _____	SSN _____	Date of Birth _____



Signatures

You hereby apply for membership with Los Angeles Police Federal Credit Union. You warrant the truth of the information contained in Your application for membership and/or in subsequent representations to Us. You realize that such information will be relied upon by Us in determining Your membership eligibility. You hereby authorize Us, Our employees and agents to investigate and verify any information provided to Us by You. By signing below, You agree to be bound by the terms and conditions found within Your application for membership and to the bylaws, rules and regulations of Los Angeles Police Federal Credit Union in effect from time to time. You further acknowledge receiving a copy of the agreements and disclosures related to Your Account(s) and You agree to be bound by the terms and conditions found therein. If Your application for membership is a joint application, any liability created by the use of Your Account is joint and several. You authorize any person, association, firm, corporation or personnel office to furnish information concerning Your affairs upon Our request, including, but not limited to, providing credit and employment history information. In addition to establishing a Share Account, You may also from time to time request additional Accounts and/or Account Services be established on Your behalf and/or the addition of joint owner(s) of Your Account(s). Your signature below is Your continuing authorization for Los Angeles Police Federal Credit Union to follow Your written or verbal instructions to do so and You agree that Your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize Us to recognize any of the signatures subscribed herein in the payment of funds or the transaction of any business for Your Account(s).

The Internal Revenue Service does not require Your consent to any provision of this document other than the certifications required to avoid backup withholding.

Applicant's (Primary Owner) Signature	Date	Joint Owner #1 Signature	Date	Joint Owner #2 Signature	Date
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Additional Terms and Conditions

The joint owners of the Accounts hereby agree with each other and with Us that all sums, whenever paid into the Accounts by any or all of the joint owners to the credit of the joint owners with all accumulations thereon, are and shall be owned by them jointly, with right of survivorship and be subject to the withdrawal or receipt of any of them, and payment to any of them or the survivor or survivors shall be valid and discharge Us from any liability for such payment. The joint owners also agree to be bound by the terms of the appropriate Account agreements and disclosures which have been provided. Any or all of the joint owners may pledge all or any part of the shares in the Accounts as collateral security to a loan or loans. The right or authority of the Credit Union under this Agreement shall not be changed or terminated by said owners, or any of them. Checks cashed against this Account are subject to collectability from this Account if returned unpaid.

Taxpayer Identification and Backup Withholding

Under penalties of perjury, You certify: (1) that the number shown on this form is Your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act); and (2) that You are not subject to backup withholding either because You have not been notified that You are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified You that You are no longer subject to backup withholding; and (3) You are a U.S. person (including a U.S. resident alien).

INSTRUCTION TO SIGNER. If You have been notified by the Internal Revenue Service (IRS) that You are subject to backup withholding due to payee underreporting and You have not received a notice from the IRS that the backup withholding has terminated, You must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

CERTIFICATION IF AWAITING NUMBER

Under penalties of perjury, You certify: (1) that a taxpayer identification number has not been issued to You (or the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that You mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or You intend to mail or deliver an application in the near future); and (2) that You are not subject to backup withholding.

You understand that if You do not provide a taxpayer identification number to the Credit Union within 60 days, the Credit Union is required to withhold 28 percent of all reportable payments thereafter made to You until You provide a number.

Credit Union Use Only

ChexSystems _____ OFAC _____ Verified Membership Eligibility _____

Opened By _____ Date _____ Membership Officer Approval _____

CIP _____ ODP (A-9 Notice) _____