

# East Texas Professional Credit Union Membership Application

## Minimum Deposit \$5.00

Eligibility to join? (check one)    Occupation    Residence    Family  
Have you had an account with us before?    yes    no  
Are you joint owner on other account(s) here?    yes    no  
How did you hear about us? \_\_\_\_\_



**Primary Accountholder Name** (as shown on Social Security card) \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years and Months There \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Present Employer \_\_\_\_\_ Position \_\_\_\_\_  
Employer's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please complete if adding a joint owner. Up to two joint owners may be added per account.**

Joint Owner #1 Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years and Months There \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Present Employer \_\_\_\_\_ Position \_\_\_\_\_  
Employer's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Joint Owner #2 Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Years and Months There \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_ Business Phone \_\_\_\_\_  
Present Employer \_\_\_\_\_ Position \_\_\_\_\_  
Employer's Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Please complete if naming a "Payable on Death" (POD). Up to three individuals may be listed per account.**

Payable on Death #1 Name \_\_\_\_\_  
Relationship (check one):    Parent    Grandparent    Spouse    Child    Other Relative    Friend    Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Payable on Death #2 Name \_\_\_\_\_  
Relationship (check one):    Parent    Grandparent    Spouse    Child    Other Relative    Friend    Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Payable on Death #3 Name \_\_\_\_\_  
Relationship (check one):    Parent    Grandparent    Spouse    Child    Other Relative    Friend    Other \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_