



Membership Application

Please print or type

Name:

Address:

City:

State:

ZIP:

Phone:

Fax:

Cell Phone:

Work E-mail (if applicable):

Home E-mail (if applicable):

\$5 membership fee paid by:

- Cash
- Check
- Other

Member Signature

Date

I agree to adhere to any bylaws and rules of the Foundation and any subsequent amendments and revisions to those bylaws and rules. I understand that I have all of the rights and am subject to all obligations of any bylaws and rules of the Foundation. I may request a copy of the Foundation bylaws and rules.

I also understand that my contribution to the Foundation is NOT a tax-deductible donation. Check with your tax-accountant if you have further questions on the deductibility of this contribution.

Information provided on this form will remain confidential and will not be shared with any third party, except for with Members Cooperative Credit Union for purposes of maintaining membership information and membership rolls. Members Cooperative Credit Union shall maintain such information in accordance with its privacy policies for members of the credit union.