

MEMBERSHIP APPLICATION & SIGNATURE CARD

Simply bring this completed membership application to your local branch or mail it to us with a copy of your valid driver's license.

WINGS ID #



PRIMARY MEMBER INFORMATION			
Applicant Name	Date of Birth	US Social Security Number <i>(Passport required if no US SSN)</i>	
Mailing Address <i>(residence address required if P.O. Box)</i>	City	State	Zip
Residence Address <i>(required if different than mailing address)</i>	City	State	Zip
eMail Address	Home Phone	Business Phone	Cell Phone
Place of Birth: City, State	Mother's Maiden Name	Employer	
Employer's Address	City	State	Zip
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID	ID Number:	Issuing State/Country	

MEMBERSHIP ELIGIBILITY <i>(If more than one applies to you, please choose the most appropriate)</i>	
Check ONE box below to indicate your qualification for membership.	
AIR TRANSPORTATION <input type="checkbox"/> I am an air transportation employee/retiree. 13 COUNTY MINNEAPOLIS/ST. PAUL METRO AREA <input type="checkbox"/> I live or work in the 13 County Minneapolis/St. Paul Metro area.	FAMILY MEMBERSHIP <input type="checkbox"/> I am an immediate family member of a Wings member. <input type="checkbox"/> I am an immediate family member of an air transportation employee. Name of Air Transportation Company _____

ADDITIONAL SERVICES	INITIAL DEPOSIT										
PLEASE ISSUE: <ul style="list-style-type: none"> • An Access Code that allows me to use your FREE automated banking systems <i>(CU Online-Internet and CU PAL-Phone)</i> <input type="checkbox"/> Primary Signer <input type="checkbox"/> Joint Signer • A Visa® Check Card <i>(Checking Account required)</i> <input type="checkbox"/> Primary Signer <input type="checkbox"/> Joint Signer • An ATM Card <i>(if you are not opening a checking account)</i> <input type="checkbox"/> Primary Signer <input type="checkbox"/> Joint Signer 	<table style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Open Following Accounts:</th> <th style="text-align: right;">Opening Deposit:</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> Share Savings A minimum of \$5 is required</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Checking An initial deposit is required</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	Open Following Accounts:	Opening Deposit:	<input checked="" type="checkbox"/> Share Savings A minimum of \$5 is required	\$ _____	<input type="checkbox"/> Checking An initial deposit is required	\$ _____	<input type="checkbox"/> Other _____	\$ _____	<input type="checkbox"/> Other _____	\$ _____
Open Following Accounts:	Opening Deposit:										
<input checked="" type="checkbox"/> Share Savings A minimum of \$5 is required	\$ _____										
<input type="checkbox"/> Checking An initial deposit is required	\$ _____										
<input type="checkbox"/> Other _____	\$ _____										
<input type="checkbox"/> Other _____	\$ _____										

CHECKING ACCOUNT <i>(Primary applicant must complete the following information)</i>
Have you had a checking account at this or another financial institution within the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, where? _____
Have you or your joint applicant had a checking account closed by a financial institution without consent in the last 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, reason? _____
Have you or your joint applicant been convicted of a criminal offense because of the use of a check or other similar item within the last 24 months? <input type="checkbox"/> YES <input type="checkbox"/> NO

JOINT TENANT INFORMATION <i>(If applicable.) (The joint tenant will be included on all products opened with this application.)</i>			
Joint Tenant Name	Date of Birth	US Social Security Number <i>(Passport required if no US SSN)</i>	Wings ID Number
Mailing Address <i>(residence address required if P.O. Box)</i>	City	State	Zip
Residence Address <i>(required if different than mailing address)</i>	City	State	Zip
eMail Address	Home Phone	Business Phone	Cell Phone
Place of Birth: City, State	Mother's Maiden Name	Employer	
Employer's Address	City	State	Zip
ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID	ID Number:	Issuing State/Country	

BENEFICIARY

Payable on Death (POD): In the event of my death, or the death of all owners, I/we designate the following beneficiary(ies) to receive all sums in the accounts opened with this application.

Beneficiary Name 1	Wings ID Number (if appropriate)	Date of Birth or Social Security Number	Relationship
Beneficiary Name 2	Wings ID Number (if appropriate)	Date of Birth or Social Security Number	Relationship
If you live in a community property State (AZ, CA, ID, LA, NM, NV, TX, WA, WI) and designate a beneficiary other than your spouse, the spouse must consent to the designation by signing below.			
Signature of Spouse			Date

X

CERTIFICATION OF TAXPAYER ID NUMBER AND BACKUP WITHHOLDING INFORMATION

I certify under penalty of perjury, that I am a US person (including resident alien) and the Social Security Number shown is my correct identification number and that I am NOT subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of failure to report dividends or interest, or because the IRS has notified me that I am no longer subject to backup or withholding. **NOTE:** If you **ARE** subject to backup withholding, Initial here. _____

AGREEMENT AND SIGNATURE

By signing below, I certify that I am eligible and make application for membership in Wings Financial Credit Union. I agree to conform to its bylaws and any amendments thereto and subscribe to at least one share. I also acknowledge receipt of, and agree to, a complete list of rules, regulations and fees concerning the account (Account Agreement and Disclosure). I certify, under penalty of perjury, that all information furnished on this application is true and correct. It is also agreed that the member (applicant) may, at any time, without consent of the joint tenant, close the account, add a joint tenant or beneficiary or remove the name of any or all joint tenants or beneficiaries. The Credit Union is required to and will verify the eligibility and identity of all account applicants by obtaining a credit report.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certification required to avoid backup withholding.

Signature of Applicant	Date
X	
Signature of Joint Tenant	Date
X	

Opened by # _____ Date _____ SV # _____ Checking # _____ Other # _____
 R.A. (P) _____ FIS (P) _____ FOM(P) R.A. (JT) _____ FIS (JT) _____ FOM(JT) Other # _____ ID Verified _____