

**MEMBER INFORMATION FORM**  
(PLEASE PRINT)

**NAME:** \_\_\_\_\_  
FIRST M.I. LAST SSN

ADDRESS: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
MOTHER'S MAIDEN NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**JOINT NAME:** \_\_\_\_\_  
FIRST M.I. LAST \*SSN

\*ADDRESS: \_\_\_\_\_ \*DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

**\*Mandatory information for Joint Owners**

**BENEFICIARY FOR ACCOUNT:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARY FOR ACCOUNT:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF YOU ARE OPENING A CHECKING ACCOUNT,  
PLEASE PRINT BELOW EXACTLY WHAT YOU WANT LISTED ON YOUR CHECKS**

*Please initial here if you  
choose not to order  
checks at this time.*

\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**~How did you hear about Infuze Credit Union?~**  
**{Radio - Newspaper - Sign - Friend - other: \_\_\_\_\_}**

Please fill out all fields and email the completed form to [info@infuzecu.org](mailto:info@infuzecu.org)