

APPLICATION FOR MEMBERSHIP
ALEXANDRIA SCHOOLS EMPLOYEES CREDIT UNION

FULL NAME _____

COMPLETE ADDRESS _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

OCCUPATION: _____

BUSINESS PHONE: _____

SOCIAL SECURITY NUMBER: _____ Date of Birth: _____

NAME AND ADDRESS OF NEAREST LIVING RELATIVE: _____

By signing below, I hereby make application for membership in and agree to conform to the bylaws and any amendments thereof in the Alexandria Schools Employees Credit Union. I also agree to the terms and conditions of any account that I have in the credit union now or in the future and agree that the credit union may change those terms and conditions from time to time. This application to be approved by the Board of Directors.

(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 clause 2 of the certification you sign below).

**CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND
BACKUP WITHHOLDING**

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service (IRS) has notified me that I am no longer subject to backup withholding.

Applicant Signature

Date

