

MEMBERSHIP APPLICATION

Account _____

To open an account, you must meet our Identification Requirements as outlined on the back side of this form.

New Member - \$25.00	Revision
New Share Draft - \$50.00	Re-Open
Overdraft	
Date:	
Name:	Joint Account Holder:
Social Security #:	Social Security #:
Physical Address:	Physical Address:
City, State, Zip:	City, State, Zip:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
E-Mail Address:	E-Mail Address:
Driver's License #:	Driver's License #:
Date of Birth:	Date of Birth:
Employer:	Employer:
Occupation:	Occupation:
Mother's Maiden Name:	Mother's Maiden Name:
Sponsor:	Relationship to Main Member:
Department:	

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