

MEMBERSHIP APPLICATION

MEMBERSHIP/ACCOUNT AGREEMENT

You hereby apply for membership in the credit union and agree to conform to the bylaws and any amendments of the credit union, the terms and conditions of the share account and to pay the minimum deposit amount. You also agree to pay any charges or fees which may be required or assessed under such bylaws. Any account opened in more than one name shall be a joint account with rights of survivorship. If you have established a joint account, both owners agree to the terms and conditions of the share account. If you return this application electronically, we may ask you to sign a hardcopy of this application at a later date.

Email Address:

PRIMARY ACCOUNT OWNER

First Name:

Initial:

Last Name:

Mother's Maiden Name (For Security Purposes):

Address:

City: State:

Social Security Number or Tax ID Number:

Driver's License State:

Eligibility for Membership:

JOINT ACCOUNT OWNER 1

First Name/Initial:

Last Name:

Social Security Number or Tax ID Number:

JOINT ACCOUNT OWNER 2

First Name/Initial:

Last Name:

Social Security Number or Tax ID Number:

ADDITIONAL SERVICES *Check if desired*

I am interested in the following services and request the credit union contact me with more information about how to apply.

- Share Draft/Checking Account
- ATM Card
- Credit Card

Mail To:

Middlesex Healthcare Federal Credit Union
41 Crescent Street
Middletown, CT 06457

Fax To: 860-347-0628