

MEMBERSHIP APPLICATION & SIGNATURE CARD



Simply bring this completed Membership Application to your local branch or mail it to us with a copy of each signers valid identification and an initial deposit.

PRIMARY APPLICANT INFORMATION			
Primary Applicant Name		Wings ID	
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify I am a U.S. Citizen or Resident Alien.	
Mailing Address	City	State	Zip
Residence Address	City	State	Zip
Home Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	Business Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless
Cell Phone			
Email Address	Place of Birth (City/State)	Mother's Maiden Name	
Employer Name (please indicate if retired or unemployed)		Employer City/State	
ID Type	ID Number	Issuing State/Country	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID			

MEMBERSHIP ELIGIBILITY Please refer to wingsfinancial.com/membership for eligibility information.

<p>COMMUNITY</p> <p><input type="checkbox"/> I live or work in an eligible county.</p> <p><input type="checkbox"/> I live or work in the Seattle/Tacoma metro area.</p>	<p>FAMILY MEMBERSHIP</p> <p><input type="checkbox"/> I am an immediate family member of an eligible individual.</p> <p>EMPLOYER</p> <p><input type="checkbox"/> I am an employee of a qualified employer.</p>	<p>AIR TRANSPORTATION</p> <p><input type="checkbox"/> I am an air transportation employee/retiree.</p> <p>WINGS FINANCIAL FOUNDATION</p> <p><input type="checkbox"/> I would like to become a foundation member. (\$5 donation required)</p>
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<p>Additional Products:</p> <ul style="list-style-type: none"> • A Visa® Debit Card (Checking account required) <input type="checkbox"/> Primary <input type="checkbox"/> Joint #1 <input type="checkbox"/> Joint #2 • An ATM Card (If not opening a checking account) <input type="checkbox"/> Primary <input type="checkbox"/> Joint #1 <input type="checkbox"/> Joint #2 • Order Checks (Fees may apply) Number of boxes _____ 	<p>Open the Following Accounts:</p> <ul style="list-style-type: none"> <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 _____ 	<p>Opening Deposits:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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JOINT APPLICANT #1 INFORMATION (Joint Applicants will be included on all accounts opened with this application)

Joint Applicant #1 Name		Wings ID	
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify I am a U.S. Citizen or Resident Alien.	
Mailing Address	City	State	Zip
Residence Address	City	State	Zip
Home Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	Business Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless
Cell Phone			
Email Address	Place of Birth (City/State)	Mother's Maiden Name	
Employer Name		Employer City/State	
ID Type	ID Number	Issuing State/Country	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID			

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JOINT APPLICANT #2 INFORMATION

Joint Applicant #2 Name		Wings ID	
Date of Birth	U.S. Tax Identification Number	<input type="checkbox"/> By checking this box I certify I am a U.S. Citizen or Resident Alien.	
Mailing Address	City	State	Zip
Residence Address	City	State	Zip
Home Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless	Business Phone	<input type="checkbox"/> Landline <input type="checkbox"/> Wireless
Email Address	Place of Birth (City/State)	Mother's Maiden Name	
Employer Name	Employer City/State		
ID Type	ID Number	Issuing State/Country	
<input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID			

CONSENT TO CONTACT WIRELESS TELEPHONE

Members of Wings Financial have access to market competitive financial products and services. We'd like to contact you from time to time and ensure the products and services you utilize are tailored to your needs and expectations. Wings Financial is required to get consent to contact you at the wireless telephone number provided. By initialing below, you agree that we may contact you by telephone or text message at any telephone number associated with your account, including wireless telephone numbers (i.e., cell phone numbers), which may result in charge to you. You agree that we may contact you in order to service your account, prevent fraud, collect any amounts owed to us, and for informational and telemarketing purposes as permitted by law. You further agree that methods of contact may include the use of pre-recorded or artificial voice messages and/or the use of an automatic dialing system. You understand that you are not required to agree to this provision as a condition of purchasing any property, goods, or services. You agree that you have the authority to give consent regarding the wireless number provided.

Primary Applicant Consent: _____ Joint Applicant #1 Consent: _____ Joint Applicant #2 Consent: _____
Please Initial _____ *Please Initial* _____ *Please Initial* _____

AGREEMENT, SIGNATURE AND CERTIFICATION OF TAXPAYER ID NUMBER

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 & 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, close the account, add a joint or beneficiary or remove the name of any or all beneficiaries. The Credit Union is required to and will verify the eligibility and identity of all account applicants by obtaining a debit and/or credit report. I authorize Wings Financial Credit Union to obtain and use debit and/or credit reports in connection with this account application and for the purpose of considering me for additional financial products and services both now and in the future.

Instructions to the signer: Certification Instruction; Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. **CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING.** Under penalties of perjury, I certify that: 1) The number shown on this form is my correct taxpayer identification number. 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. person including a U.S. resident alien.

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 Primary Applicant X	Date
Signature of Joint Applicant #1 X	Date
Signature of Joint Applicant #2 X	Date

CU USE:

Opened/Modified by # _____	Date _____	SV# _____	CK # _____	Other # _____
(P) <input type="checkbox"/> Chexsystems <input type="checkbox"/> Experian <input type="checkbox"/> ID		(JT1) <input type="checkbox"/> Chexsystems <input type="checkbox"/> Experian <input type="checkbox"/> ID		(JT2) <input type="checkbox"/> Chexsystems <input type="checkbox"/> Experian <input type="checkbox"/> ID