



Membership Application

Main Office:
Marinette, Wisconsin
231 Van Cleve Ave
Marinette, Wisconsin 54143

This is a new membership or subsequent account.

Membership Information

I qualify for membership through my: employer family

If by family, please provide family-member's name: _____

Primary Member

First Name _____ Gender: Male Female
Middle Initial _____ Date of Birth ____/____/____
Last Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Driver's License _____ State Issued _____
Social Security Number _____
Email _____
Employer _____

Joint Owner

First Name _____ Gender: Male Female
Middle Initial _____ Date of Birth ____/____/____
Last Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Driver's License _____ State Issued _____
Social Security Number _____
Email _____

Employer _____

I am interested in opening: Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> IRA Account |
| <input type="checkbox"/> Share Savings | <input type="checkbox"/> Christmas Club Account |
| <input type="checkbox"/> Share Draft Checking | <input type="checkbox"/> Vacation Club Account |
| <input type="checkbox"/> ATM Card | <input type="checkbox"/> Payroll Deductions |
| <input type="checkbox"/> MAC MasterMoney Check Card | <input type="checkbox"/> Visa Credit Card |

This application is subject to approval by the Credit Union. By submitting this application, you authorize the Credit Union to verify credit and employment by any necessary means, including request for a credit report by a credit reporting agency.

Signature of applicant

Please print this application form, sign and mail it to us, bring it in to our office, or FAX it.