

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 _____ By checking this box I certify that I am a U.S. Citizen or Resident Alien.

Residence Address (cannot be P.O. Box) _____ City _____ State _____ ZIP Code _____

Mailing Address (if different from above) _____ City _____ State _____ ZIP Code _____

Phone Number _____ Landline Cell Phone _____ Email Address _____

Place of Birth (City/State) _____ Occupation/Previous Occupation _____ Retired Self-Employed Unemployed

ID Number _____ Issuing State/Country _____ ID Expiration Date _____

ID Type: Driver's License Passport State ID

Membership Eligibility

- I live or work in an eligible county.
- I live or work in the Seattle/Tacoma metro area.
- I am an immediate family member of an eligible individual.
- I am an employee of a qualified employer.
- I am an air transportation employee/retiree.
- I'd like to become a Foundation member. (\$5 donation required)

Please refer to wingscu.com/membership for eligibility information.

Additional Products:

- Visa® Debit Card** (Checking account required) Primary Joint #1 Joint #2
- Order Checks** (Fees may apply) **Number of boxes:** _____
- Open the Following Accounts:** **Opening Deposits:**
- Share Savings** (\$5 minimum required) _____
- Checking** (An initial deposit is required) _____
- Other:** _____

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 _____ By checking this box I certify that I am a U.S. Citizen or Resident Alien.

Residence Address (cannot be P.O. Box) _____ City _____ State _____ ZIP Code _____

Mailing Address (if different from above) _____ City _____ State _____ ZIP Code _____

Phone Number _____ Landline Cell Phone _____ Email Address _____

Place of Birth (City/State) _____ Occupation/Previous Occupation _____ Retired Self-Employed Unemployed

ID Number _____ Issuing State/Country _____ ID Expiration Date _____

ID Type: Driver's License Passport State ID

Joint Applicant #2 Information

Joint Applicant #2 Name _____ Wings ID _____

Date of Birth _____ U.S. Tax Identification Number _____ By checking this box I certify that I am a U.S. Citizen or Resident Alien.

Residence Address (cannot be P.O. Box) _____ City _____ State _____ ZIP Code _____

Mailing Address (if different from above) _____ City _____ State _____ ZIP Code _____

Phone Number _____ Landline Cell Phone _____ Email Address _____

Place of Birth (City/State) _____ Occupation/Previous Occupation _____ Retired Self-Employed Unemployed

ID Number _____ Issuing State/Country _____ ID Expiration Date _____

ID Type: Driver's License Passport State ID

Consent to Contact Wireless Telephone

Members of Wings Financial Credit Union ("Wings") 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 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 & 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. Wings 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 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.

Under penalties of perjury, I certify that: 1) The number shown on this form is my correct U.S. Tax 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. Citizen or 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.

NOTE: If any of the applicants **ARE** subject to backup withholding, check here: Primary Applicant Joint Applicant #1 Joint Applicant #2

Signature of Primary Applicant _____ Date _____

Signature of Joint Applicant #1 _____ Date _____

Signature of Joint Applicant #2 _____ Date _____

CU Use Only:

Opened/Modified By # _____ Date _____ Acct # _____ Acct # _____ Acct # _____ Acct # _____ Acct # _____