



Membership Application

Please print and mail the completed application to:

WEA Credit Union
33 Nob Hill Rd
Madison WI 53713

Contact us at:

1-800-457-1142
www.weacu.com

I certify that I qualify for membership because I am a(n) :

- WEAC Member
- WEAC Employee
- WEA Insurance Trust Employee
- Trust Advantage District Employee
- Family member of eligible person
- Employee of any WI educational organization
- Other _____

I was referred by: _____ (Enter only one name if applicable)

I would like to open an _____ daily savings account. I will use the account primarily for _____ use. I _____ intend to have regular deposits of \$10,000 or more.

Primary Member Information

First Name _____ MI _____
 Last Name _____
 Birth Date _____ SSN _____
 Address _____
 City _____ ST _____ Zip _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____
 Drivers license # _____

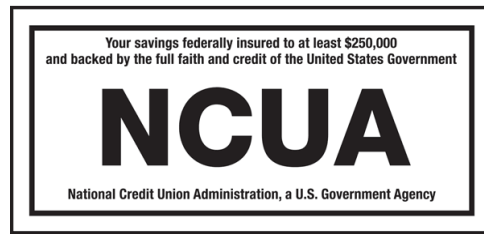
Joint Account Holder Information

First Name _____ MI _____
 Last Name _____
 Birth Date _____ SSN _____
 Address _____
 City _____ ST _____ Zip _____
 Employer _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____
 Drivers License # _____

Over

The account types I am interested in opening are:

- Daily Savings (\$25 deposit required)*
- Share Draft Checking
 - Premiere Checking** (requires minimum balance, earns interest)
 - Basic Checking** (no minimum balance, no interest)
 - Please send Debit Card Application** (Premiere checking allows unlimited pinned transactions, Basic checking allows 15 free pinned transactions then fee applies each month.)
- Certificate of Deposit*
- Money Market Savings
- Christmas Club
- Vacation or Special Purpose
- Traditional IRA
- Roth IRA
- Educational Savings Account
- Loans
Loan Type: _____



Primary Applicant Signature _____ Date _____

Joint Account Holder Signature _____ Date _____

* A minimum deposit of \$25 is required to open any savings or checking account. Certificates have a minimum of \$500 or \$1,000, depending on term. When this application is received you will be forwarded account cards, disclosures, and any other necessary forms to open the accounts you have indicated.

This section for office use only.

Comments:

Date Received _____

TeleCheck _____

Total ID _____

Disclosures Sent _____

Approved by _____