



Membership Application

Please print and mail the completed application, fax it to 608-276-3416 or drop it off at the credit union.	WEA Credit Union 33 Nob Hill Rd Madison WI 53713	Contact us at: 1-800-457-1142 www.weacu.com
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I certify that I qualify for membership because I am a(n) :

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|--|---|---|--------------------------------------|
| <input type="checkbox"/> Community member (live or work within 10 miles of WEA CU) Employee or retiree of any WI educational organization WEAC Member, Employee or Retiree WEA Insurance Trust Employee or Retiree | <input type="checkbox"/> Trust Advantage District Employee or Retiree | <input type="checkbox"/> Family member of eligible person | <input type="checkbox"/> Other _____ |
|--|---|---|--------------------------------------|

I was referred by: _____ (Enter only 1 name if applicable)

I would like to open an _____ daily savings account. I will use the account primarily for
I *do not* *do* intend to have regular deposits of \$10,000 or more.

Primary Member Information	Joint Account Holder Information
First Name _____ MI _____	First Name _____ MI _____
Last Name _____	Last Name _____
Birth Date _____ SSN _____	Birth Date _____ SSN _____
Address _____	Address _____
City _____ ST ____ Zip _____	City _____ ST ____ Zip _____
Employer _____	Employer _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email Address _____	Email Address _____
Drivers license # _____	Drivers License # _____

Over

The account types I am interested in opening are:

- Daily Savings (\$5.00 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.)

Share Certificate*

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 _____

