

## Health Associates FCU Membership Application

Please print this form, fill it out and fax to **714.953.6570**

This application is for informational purposes only. Once your membership is reviewed and approved, the credit union will mail all required Account Agreements and Disclosures. Please complete, sign and return to the credit union, all required documentation. Please follow the Instructions located on the Account Agreement and Membership Application. All incomplete applications will be returned. **According to the Federal Trade Commission, identity theft is the fastest-growing crime in the country. Our ability to feel safe is becoming more difficult with terrorism and crime on a steady increase. The USA PATRIOT ACT has paved the way for financial institutions to help prevent fraud, identity theft, and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity. Your cooperation is needed when you open a new account or request a loan. You may be asked more questions to establish and confirm your identity. It may also be required for you to provide one or more forms of identification. Thank you!**

Mail To: Health Associates FCU  
530 South Main Street, Suite 100  
Orange, CA 92868  
Attention: Membership

Applicant / How do you qualify for Membership? I am employed with:		Family Member of:	
Last Name:		Middle Name:	
First Name:		Relationship to Primary Owner:	
Social Security Number (TIN):		Date of Birth:	
Home Phone Number:		Work Phone Number: <span style="float: right;">ext.</span>	
Other Phone Number:		Email Address:	
Drivers License #:		Drivers License State:	
Drivers License Expiration Date:		Driver's License Issue Date:	
Mother's Maiden Name:			
<i>Home Address (NO P.O. BOX)</i>			
Address 1:			
Address 2:			
City:		State, Zip:	
Time at Current Residence:		Residence Type: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other:	
<i>Mailing Address (if different)</i>			
Address 1:			
Address 2:			
City:		State, Zip:	
<i>Employment History</i>			
Present Employer Name:		Employer Phone Number:	
Employer's Address 1:			
Employer's Address 2:			
City:		State, Zip:	
Job Title:		Job Start Date:	
Signature			
<b>The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.</b>			
Signature:		Date:	

If you have a co-applicant, please print and complete a copy for each additional co-applicant.