

LGFCU Membership Information Form

Please provide the following information:

	Primary Person	Secondary Person (Joint)
Full Legal Name		
Preferred Name		
SSN		
Date of Birth		
Mailing Address City, State, Zip		
Residence Address City, State, Zip		
Driver License (state and number)		
Home Phone	()	()
Mobile Phone	()	()
Office Phone	()	()
Place of Employment		
Occupation		

How are you eligible for Membership?

Employment (enclose recent paystub)	Place of Employment:	Occupation:	
Family Member (you must be the spouse, child, parent, sibling, grandchild, stepchild or grandparent of an LGFCU member)	Family Member's Name:	Family Members SSN or Share Account Number:	Relationship to you: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Sibling
	Single Economic Unit With Member (enclose recent utility bill)		Member's SSN or Share Account Number:
Member's Name:		Member's SSN or Share Account Number:	

<p><u>Account Type(s) Requested:</u></p> <p><input checked="" type="checkbox"/> Share (required for membership; \$25 minimum balance)</p> <p><input type="checkbox"/> Checking (no minimum balance)</p> <p><input type="checkbox"/> Money Market (required \$250 minimum balance)</p>	<p>Please enter a 3-digit Voice Response Number. This will be used as your password for the Voice Response Phone System, as well as your initial password to enroll in Member Connect:</p> <p>Primary: _____ Secondary: _____</p>
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IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver license or other identifying documents.

Date: _____ **Signature:** _____

Date: _____ **Joint Signature:** _____

Complete this form and take it to your local branch, fax it to Member Services at 888.732.8329 or 919.857.2000, or mail it to: LGFCU Member Services, PO Box 29606, Raleigh, NC 27626. If you fax or mail the form, a Representative will contact you with further information.