

(For Ownership changes, this form completely replaces prior Membership Applications or Cards)

Member Number _____	Code Word _____	Establish Membership Add/Remove Joint Owner(s) _____	Name Change Other _____
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MEMBERSHIP ELIGIBILITY

I am eligible for Rivermark Membership because (choose one):

I live or work in an eligible Oregon county	*Relative's Name _____
My relative is eligible or a current CU member*	*My Relationship to Relative _____
I work for one of Rivermark's Select Employer Groups**	**Employer Name _____

Eligible Counties: Multnomah, Clackamas, Washington, Yamhill, Marion, Polk, Hood River, Wasco, Sherman, Gilliam and Wheeler
***Eligible Relatives:** Parent, Grandparent, Child, Grandchild, Spouse, Domestic Partner, Sibling, Aunt, Uncle; includes step and adoptive relationships

MEMBER INFORMATION

Member / Applicant _____ SSN/TIN _____ Birthdate _____
First Middle Last MM/DD/YYYY

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Residence Own Rent Live with Relatives Other

Home Phone # _____ Work # _____ Cell # _____ E-Mail Address _____

Driver's Lic./ID # _____ State Issued by _____ Employer _____ Mother's Maiden Name _____

JOINT OWNER #1 INFORMATION (Joint Owner on ALL accounts under this membership, except IRA)

Joint Owner _____ SSN/TIN _____ Birthdate _____
First Middle Last MM/DD/YYYY

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____ E-Mail Address _____

Driver's Lic./ID # _____ State Issued by _____ Employer _____ Mother's Maiden Name _____

JOINT OWNER #2 INFORMATION (Joint Owner on ALL accounts under this membership, except IRA)

Joint Owner _____ SSN/TIN _____ Birthdate _____
First Middle Last MM/DD/YYYY

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone # _____ Work # _____ Cell # _____ E-Mail Address _____

Driver's Lic./ID # _____ State Issued by _____ Employer _____ Mother's Maiden Name _____

ACCOUNTS AND SERVICES REQUESTED

Membership Share Account: Regular Shares / Dollar Dog Club (under 13) / GO! Money (13 - 17) Add Checking Account Add VISA Debit Card Add ATM Card
 Online Banking / Telephone Teller (Required for Minor Accounts only, all owners must sign application below)

CHANGE INFORMATION (Complete this portion ONLY to change information on existing Membership)

NAME CHANGE _____ SSN/TIN _____ Previous Name _____
First Middle Last

REMOVE JOINT OWNER : I hereby authorize and direct Rivermark Community Credit Union to remove my name as Joint Owner from all deposit accounts under this membership. My signature acknowledges a release of all my rights, title, and interest in any accounts associated with the above membership.

Printed Name _____ Signature _____ SSN/TIN _____
First Middle Last

CHANGE ADDRESS Street or Mailing Address _____ City _____ State _____ Zip _____ Home Phone _____

TIN CERTIFICATION AND BACKUP WITHHOLDING INFORMATION

By signing below, I certify under penalties of perjury that: (i) I am a US citizen or other US person, (ii) the Social Security number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number, and (iii) I am NOT, unless designated below, subject to backup withholding because I am exempt or I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. (Check if applicable): I am subject to Backup Withholding I am a foreign person (not a U.S. citizen or resident- Complete form W-8BEN).

AUTHORIZATION

By signing below, I/we certify that I/we are within the field of membership of Rivermark Community Credit Union. I/we authorize Credit Union to obtain my/our individual consumer/credit report to verify my/our eligibility for the accounts and services requested. By signing below, I/we acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement (if applicable), and to any amendment the Credit Union makes from time to time which are incorporated herein.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS APPLICATION OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

X _____ Member Signature Date	X _____ Joint Owner #1 Signature Date
X _____ Joint Owner #2 Signature Date	X _____ Joint Owner #3 Signature (Complete Additional Application with Joint Owner Info) Date