

**Light Commerce Credit Union**  
11235 Crown Park Drive • Houston, TX 77067 • 281-876-7576 • 281-876-7577  
**CHURCH APPLICATION FOR MEMBERSHIP**

SAVINGS

**PRIMARY APPLICANT**

CHURCH NAME \_\_\_\_\_ TIN \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Email Address \_\_\_\_\_

How are you eligible for membership?

     A.I.M.      Other \_\_\_\_\_

**AUTHORIZED SIGNERS ON THE ACCOUNT**

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**TIN CERTIFICATION AND BACKUP WITHHOLDING**

By signing below, I certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN/Taxpayer Identification Number (TIN) shown is my/the correct identification number and that I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding and I am a U.S. Person (including a U.S. Resident alien).

Furthermore, by signing below, I agree to the terms and conditions of the Membership and Account Agreement, Truth in Savings Rate and Fee Schedule, Funds Availability Policy Disclosure and to any amendment the Credit Union makes from time to time which are incorporated herein. I acknowledge receipt of the Agreement and Disclosures applicable to the accounts and services requested. If an ATM or EFT service is requested and provided, I agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement.

     I am subject to backup withholding      Exempt      I am not a U.S. citizen or resident (complete W-8 form)

**AUTHORIZATION**

The Internal Revenue Service does not require consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR CREDIT UNION USE ONLY**

Member # \_\_\_\_\_ Date of Membership \_\_\_\_\_ Opened By \_\_\_\_\_

This application approved by the Membership Officer.

Date \_\_\_\_\_ Signed \_\_\_\_\_