



To apply for membership, complete and return this form to 2441 N. Sierra Way, San Bernardino, CA 92405. Bring a government issued ID, social security card, \$5 non-refundable one time membership fee, and \$25 minimum initial deposit.

Credit Union Use Only

New Member Number _____

Teller # _____ Initials: _____

TELECHECK # Primary: _____ Joint: _____

Family Member Name: _____ Account Number: _____

MTS : YES _____ NO _____ (if No, Reason) _____ Branch Number (Circle One) 1 2 3 4

SAN BERNARDINO SCHOOL EMPLOYEES FEDERAL CREDIT UNION
MEMBERSHIP INFORMATION APPLICATION (PLEASE PRINT)

Eligibility (Circle One) San Bernardino City Unified School District Redlands Unified School District Diocese of San Bernardino

Family Member (relationship) _____ **Name of person referred by: _____

Referred by: Co-worker ___ New Hire Orientation ___ Family Member ___ Board of Education Credit Union Visit ___ Other (please specify)___

Primary Member Name: _____ Joint Member Name: _____

Social Security No. _____ Social Security No. _____

Date of Birth: _____ Date of Birth: _____

Mother's Maiden Name: _____ Mother's Maiden Name: _____

Drivers License No. _____ Drivers License No. _____

Home Phone No. (_____) _____ Home Phone No. (_____) _____

Street Address : _____ Street Address: _____
City, State, Zip: _____ City, State, Zip: _____

Mailing address: _____
City, State, Zip : _____

Primary Member Only

Years at Address: _____ () Own () Rent () Live w/ Parents Mortgage/Rent Amount: \$ _____

Marital Status: () Married () Separated () Unmarried (Single, Divorced, Widowed)

Beneficiary Name: _____ Address: _____

Primary Member: Employer's Name and Address:

Joint Member: Employer's Name and Address:

Work Phone No. (_____) _____

Work Phone No. (_____) _____

Position: _____

Position: _____

Hire Date: _____

Hire Date: _____

Full Time Part Time 12 mo. 10 mo.

Full Time Part Time 12 mo. 10 mo.

Annual Salary: \$ _____

Annual Salary: _____

All of the information provided above is true and correct to the best of my knowledge and is given for the purpose of obtaining membership and/or credit with the San Bernardino School Employees Federal Credit Union. I hereby authorize San Bernardino School Employees Federal Credit Union to check my credit history and I authorize the San Bernardino School Employees Federal Credit Union to verify my employment.

Primary Member's Signature _____ Date _____

Joint Member's Signature _____ Date _____