



# MEMBERSHIP APPLICATION

Membership Number

## PRIMARY OWNER

Social Security Number #   
  Identification Type   
  State and ID#   
  / / Issue Date   
  / / Expiration Date

Mr.  Mrs.  Ms.  Miss   First Name   
  Middle Initial   
  Last Name   
  / / Date of Birth

( ) Home Phone   
  ( ) Work Phone   
 ext.  ( ) Cell Phone   
  Email

Physical Address   
  City   
  State   
  Zip

Mailing Address (if different than physical)   
  City   
  State   
  Zip

Employer   
  Occupation

## ELIGIBILITY (Select one)

Postal Service Employee (Office Location):

Federal Government Employee (Dept. and Location):

Employee Benefit (Company Name):

Immediate Family Member (Family Member Name):

Live, work, worship or attend school in Orange County:
   
     City name: 
  
     Company name, location: 
  
     Church location: 
  
     School name, location:

Were you referred to Eagle by an existing member? Yes  No

If yes, member's full name:

## ACCOUNT OPTIONS

Savings (\$25 min. deposit)

Ultimate Checking (\$25 min. deposit)

Classic Checking (\$25 min. deposit)

Money Market (\$2,500 min. deposit)

Share Certificate (\$2,000 min. deposit)

Circus Club (Age 0-12) (\$5 min. deposit)

Green Team (Age 13-17) (\$25 min. deposit)

Other:

## JOINT OWNER

Social Security Number #   
  Identification Type   
  State and ID#   
  / / Issue Date   
  / / Expiration Date

Mr.  Mrs.  Ms.  Miss   First Name   
  Middle Initial   
  Last Name   
  / / Date of Birth

( ) Home Phone   
  ( ) Work Phone   
 ext.  ( ) Cell Phone   
  Email

Physical Address   
  City   
  State   
  Zip

Employer   
  Occupation

As the primary owner, my signature below authorizes the joint owner unlimited access to all accounts, except for the following

## BENEFICIARY INFORMATION

Name   
  Relationship

Social Security Number #   
  / / Date of Birth   
  ( ) Home Phone

In the event of my death, or if there is more than one owner on this account, in the event of death of all the owners, I/we hereby designate my/our beneficiary(ies) to receive equal amounts of all sums in my/our account established on this form unless otherwise noted.

## EAGLE TEAM MEMBER USE ONLY

\$5 one-time membership fee or other

Waived membership fee

Copy of identification

Initial deposit, amount enclosed:

