

MEMBERSHIP AP	PLICATION FORM		
		NEW MEMBER OR EXISTING	G MEMBER ACCT # APPLICAT
CK ALL BOXES THAT YOU ARE AP	PPLYING FOR − □ SAVINGS □ CHECKING □ DE	BIT CARD ☐ ADD OWNER	
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
CURRENT ADDRESS (NO P.O. BO	XES) STREET	CITY STATE ZIP	YEARS AT ADDRESS
MAILING ADDRESS (IF NOT THE	SAME AS CURRENT)		
1. PROVIDE FORMER ADDRESS(E	ES) IF NOT AT CURRENT ADDRESS FOR 5 YEARS		YEARS AT ADDRESS
2.			YEARS AT ADDRESS
DRIVERS LICENSE # (NEED TO PR	OVIDE PHOTOCOPY)	DRIVERS LICENSE STATE	DATE OF BIRTH
HOME PHONE NUMBER		HOME EMAIL ADDRESS	
WORK PHONE NUMBER		WORK EMAIL ADDRESS	
F YOU WOULD LIKE TO RECEIVE	E INFORMATION ABOUT OUR PRODUCTS, SERVICES	AND/OR PROMOTIONS, PLEASE CHECK ALL THAT APPL	Y − □ HOME EMAIL □ WORK EMAIL
ELIGIBILITY OF MEMBERSHIP (W	/ORKS, LIVES, SCHOOL OR WORSHIPS) – ☐ YORK CO	DUNTY	
WHITE ROSE CREDIT UNION MAIN	ITAINS HIGH STANDARDS FOR THE PROTECTION OF PR	IVACY OVER THE INTERNET. YOUR INFORMATION IS COMPL	ETELY PRIVATE AND WILL NOT BE SOLD.
LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
CURRENT ADDRESS (NO P.O. BO	OXES) STREET	CITY STATE ZIP	YEARS AT ADDRESS
MAILING ADDRESS (IF NOT THE	SAME AS CURRENT)		
1. PROVIDE FORMER ADDRESS(E	ES) IF NOT AT CURRENT ADDRESS FOR 5 YEARS		YEARS AT ADDRESS
2.			YEARS AT ADDRESS
DRIVERS LICENSE # (NEED TO PR	ROVIDE PHOTOCOPY)	DRIVERS LICENSE STATE	DATE OF BIRTH
HOME PHONE NUMBER		HOME EMAIL ADDRESS	
WORK PHONE NUMBER		WORK EMAIL ADDRESS	
IF YOU WOULD LIKE TO RECEIV	E INFORMATION ABOUT OUR PRODUCTS, SERVICES	S AND/OR PROMOTIONS, PLEASE CHECK ALL THAT APPL	.Y – ☐ HOME EMAIL ☐ WORK EMAIL
ELIGIBILITY OF MEMBERSHIP (V	NORKS, LIVES, SCHOOL OR WORSHIPS) – ☐ YORK C	OUNTY	
WHITE ROSE CREDIT UNION MAII	NTAINS HIGH STANDARDS FOR THE PROTECTION OF PI	RIVACY OVER THE INTERNET. YOUR INFORMATION IS COMP	LETELY PRIVATE AND WILL NOT BE SOLD.
DO YOU (OR DID YOU) OWN A	BUSINESS – PLEASE CHECK 🗆 YES 🗆 NO	(IF NO, SKIP TO SIGNATURE)	
F YES WHAT IS (WAS) BUSINESS	5 NAME		
BUSINESS ID #		BUSINESS PHONE #	ADDRESS
PRIMARY SIGNATURE		DATE	
SECONDARY SIGNATURE		DATE	



## THIS SIDE OF MEMBERSHIP APPLICATION FORM IS FOR OFFICIAL USE ONLY.

LAST NAME	FIRST	NAME	MIDDLE INITIAL	
ACCOUNT NUMBER	R			
TELLER INITIALS AN	ID NUMBER OPENING ACCOUNT		DATE OPENED IN SYSTEM	
	☐ A (APPROVED) ☐ D (DECL	INED)		
REVIEWED BY				
SERVICES OPENED (	DR DISCUSSED			
□ SAVINGS	□ PERSONAL CHECKING	□ VISA DEBIT CARD	□ VISA CREDIT CARD	
□ FLEXTELLER	□ E-STATEMENT	□ BILL PAY	☐ MONEY MARKET ACCOUNT	
□ NOEL CLUB	☐ BREAKAWAY CLUB	☐ CERTIFICATE DEPOSIT	□ IRA's	
□ LOANS	☐ SAFETY DEPOSIT BOXES	☐ DIRECT DEPOSIT/PAYROLL	. DEDUCTION	
NOTES				