

PBSFCU

APPLICATION FOR MEMBERSHIP

Membership is open to Sigmas, Zetas, their families, the Fraternity, the Sorority, their Regions and Chapters.

Return this completed and signed Application form to the PBSFCU Office, 145 Kennedy Street NW, Washington, DC 20011. Enclose a check or money order (**Made payable to PBSFCU**) for \$28 minimum (\$3 Application Fee + \$25 deposit to your share account being opened). Also complete, sign, date, detach and return the Automatic Bank Draft Authorization if you want to authorize monthly automatic transfers from your checking account to your New PBSFCU Share Account.

Complete and return the Payroll Deduction Authorization to the PBSFCU Office or submit same directly to your employer to begin payroll deduction to be deposited in your New PBSFCU Share Account.

TYPE OR PRINT ONLY

Social Security #

Name:

Last

First

Middle

Maiden

Spouse:

Last

First

Middle

Maiden

Street Address

City, State, Zip

Employer

Business Number

Home Number

Occupation

Date of Birth

Place of Birth

Membership Eligibility {Give affiliation - chapter, relationship to Sigma/Zeta}

Certification as to Taxpayer Identification Number & Backup Withholding

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number (S.S. #) and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Services (IRS) has notified me that I am no longer subject to backup withholding

Signature:

Date:

Co-Signature:

Date:

FOR OFFICE USE ONLY

Account Number

Date:

Authorized By
