



PBSFCU

APPLICATION FOR MEMBERSHIP

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

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 . Government issued I.D.s are required for single and both holders of joint accounts.

Account holders should select an account beneficiary(ies).

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 _____

Home E-mail Address _____

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 _____