

Member Number \_\_\_\_\_

**GO! MONEY**  
**MEMBERSHIP APPLICATION**  
Your regular GO! Savings will be opened with your membership



**Rivermark**  
COMMUNITY CREDIT UNION

**MEMBERSHIP ELIGIBILITY**

**Are you eligible?** To join Rivermark Community Credit Union, you must (1) live or work in either *Multnomah, Clackamas, Washington, Yamhill, Marion, or Polk County* or (2) be a member of the immediate family of a current credit union member or immediate family of any person eligible for membership.

Choose one:

- I live or work in the Oregon county of Multnomah, Clackamas, Washington, Yamhill, Marion or Polk County
- Your relative lives or works in one of the six eligible counties\*
- Your relative is eligible or current CU member\*:

\_\_\_\_\_\*Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_ County \_\_\_\_\_

**MEMBERSHIP INFORMATION**

GO! Member / Applicant \_\_\_\_\_  
Last First Middle SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

Mailing Address \_\_\_\_\_  
City State Zip

Street Address \_\_\_\_\_  
(if different) City State Zip

Phone \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License# (if applies) \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**JOINT OWNER INFORMATION**

Joint Owner \_\_\_\_\_  
Last First Middle SSN/TIN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM/DD/YYYY

Mailing Address \_\_\_\_\_  
City State Zip

Street Address \_\_\_\_\_  
(if different) City State Zip

Home Phone \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Driver's License# \_\_\_\_\_ Employer \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_

**TIN CERTIFICATION and BACKUP WITHHOLDING INFORMATION**

By signing below, I certify, under penalties of perjury, that (1) the Social Security Number (SSN)/Taxpayer Identification Number (TIN) shown is my/the correct identification number and (2) I am NOT, unless designated below, subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or (c) because the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). (If you are not a U.S. Person, complete form W-8BEN.) **You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.**

**AUTHORIZATION**

By signing below, I/we acknowledge receipt of and agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure, Electronic Funds Transfer Agreement (if applicable), and to any amendment the Credit Union makes from time to time which are incorporated herein. **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

X \_\_\_\_\_ X \_\_\_\_\_  
Member Signature Date Joint Owner Signature Date

**FOR CREDIT UNION USE ONLY**

Driver's License or other Gov't issued ID (passport, Military/Alien ID,etc.)					ID #2				
MBR	Type/Number	Issued by	Issue Date	Exp Date	Type/Number	Issued by	Issue Date	Exp Date	
JT	Type/Number	Issued by	Issue Date	Exp Date	Type/Number	Issued by	Issue Date	Exp Date	
CR Report	<input type="checkbox"/> SSN <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Birthdate				Chex	MBR	Date SSN Issued:	State	Record/Retail
FICO:	Discrepancies/Comments:					JT	Date SSN Issued:	State	Record/Retail
Matrix:									
Employment Verification: <input type="checkbox"/> Paystub <input type="checkbox"/> Paystub					Phone# Called: _____ Spoke to: _____				
MSR Name		TLR ID #	Date	Manager/Supervisor			Date		