

Membership Application & Account Agreement

IMPORTANT INFORMATION

To become a member of Capital Area Realtors FCU

Please complete all of the required information below:

Last Name+:

First Name+:

Middle Initial+:

Social Security Number+: format 123-45-6789

Date of Birth+: format mm/dd/yy

Home Address (NO PO Box, enter actual street address)

House#+:

Street Name+:

Street Type+:

Unit/Apartment+:

City+:

State+:

Zip+:

Home Phone+: format (123) 456-7890

E-Mail+:

Account Ownership" and "Authorization

Sign Here _____

+Indicates required data field

1. Print a copy of the information you have entered above.
2. Sign the form
3. Send one check for at least \$100.00 to be deposited in your new share savings account. If you also want a share draft (checking) account, send any amount over and above the \$100.00 minimum required to be in your savings account. (You do not have to send more than one check) Make the check payable to *CARFCU*
4. Mail the application, and a clear photocopy of all driver's licenses, and initial deposit to:

CARFCU
P.O. Box 1573
Rockville, Md. 20849-1573

