



Membership Application

Please print and complete. Fax or mail to or drop off at:

CONE Credit Union, 219 W. Cecil St., Neenah, WI 54956
FAX: 920-886-6456

You must be eligible for membership in CONE Credit Union to fill out this membership application. Membership is open to employees of the City of Neenah, the Neenah Joint School District and their families.

MEMBERSHIP INFORMATION

Membership eligibility: I am eligible for membership through my:

Employer: (*employer's name*): _____

Family member (*family member's name*): _____

Name: _____ **ACCOUNT #:** _____

Address: _____ City: _____ State: _____

Home telephone #: _____ Work telephone #: _____

Social Security #: _____ Date of birth: _____

Driver's license #: _____ Mother's maiden name: _____

ACCOUNT TYPE

Share/Savings (*\$5 minimum to open*) Share draft/Checking _____

Club: (*\$5 minimum to open*) ATM/MasterMoney Card: _____

Other: _____

ACCOUNT OWNERSHIP

Designate the ownership of the accounts and responsibility for the services requested.

Single party Multiple party with survivorship Multiple party without survivorship

Account owner: _____ Social Security #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home phone #: _____ Work phone #: _____

Driver's license #: _____

Date of birth: _____ Mother's maiden name: _____

Joint account owner: _____ Social Security #: _____

Address: _____ City: _____ State: ___ ZIP: _____

Home phone #: _____ Work phone #: _____

Driver's license #: _____

Date of birth: _____ Mother's maiden name: _____

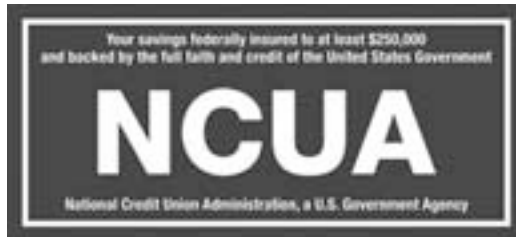
() Other: _____

() See Account Authorization Card

ACCOUNT DESIGNATIONS

Beneficiary: _____

Address: _____ City: _____ State: _____ ZIP: _____



FOR CREDIT UNION USE ONLY

Date of membership: _____ Opened/App'd by: _____

Member verification: _____ PIN request: _____

Credit report: _____ Check verify: _____ ATM Card: _____