



Johnstown School Employees Federal Credit Union

Membership Form

Important Information About Procedures for Opening a New Membership Account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means to me: When I open a membership account, you will ask for my name, address, date of birth, social security number, and other information that will allow you to identify me. You may also ask to see my driver's license and/or other identifying documents.

First Name		Middle Name		Last Name	
Street			City		State
Home Phone		Business Phone		Mobile Phone	
Social Security Number		Birth Date		E-Mail	
Member Employer			Member Occupation		
Driver's License Number/State/Issue & Expiration Date Issued: Expires:			Joint Member's Driver's License Number/State/Issue & Exp Date Issued: Expires:		
Joint Member First Name		Joint Middle Name		Joint Last Name	
Joint Member's Social Security Number		Joint Member's Birth Date		Joint Member's Cell Number	

Membership Eligibility

- I am eligible for membership due to the fact that I am employed in the educational field in either Cambria or Somerset Counties.

Name of County: _____

Name of School District: _____

- I am a family member of _____ Relationship _____ Account Number _____

Member Signature _____ Date _____

Joint Member Signature _____ Date _____

Please return this form with a copy of both of your driver's licenses and a \$5.00 check to "open your account" to:

JSEFCU
738 Viewmont Ave
Johnstown, PA 15905

FOR CREDIT UNION USE ONLY

Member Number: _____ Date Opened: _____