



# MEMBER CERTIFICATE APPLICATION

- I want a 9-Month Certificate. I plan to fund it with \$ \_\_\_\_\_
- I want a 15-Month Certificate. I plan to fund it with \$ \_\_\_\_\_
- I want a 49-Month Certificate. I plan to fund it with \$ \_\_\_\_\_

## PRIMARY OWNER INFORMATION

Last Name		First Name & Middle Initial		Social Security Number	
Date of Birth		Driver's License Number/State		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)			City/State/Zip		
Mailing Address			City/State/Zip		
Day Phone Number		Evening Phone Number		Email Address	
Mother's Maiden Name			Password		
Current Employer			Occupation		

## MEMBERSHIP ELIGIBILITY

- Yes, I want to become eligible to join NASA Federal Credit Union. And to do so, I would like to become a member of the National Space Society (NSS) – this membership is complimentary and entitles me to join NASA FCU.

Please send the monthly NSS email newsletter, NSS Downlink, to me at the email address provided in this application. The National Space Society (NSS) is an independent, educational, grassroots nonprofit organization dedicated to the creation of a spacefaring civilization. NSS is widely acknowledged as the top citizen's voice on space.

Signature: \_\_\_\_\_

All applicants must provide at least one form of identification, including one valid state or Government issued identification with photo. As required by Federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners) and must maintain records of information used to verify each person's identity.

## JOINT OWNER INFORMATION

Joint account with survivorship will apply except for Virginia residents who may choose:  
 Joint With Survivorship  Joint With No Survivorship

Last Name		First Name & Middle Initial		Social Security Number	
Date of Birth		Driver's License Number/State		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)			City/State/Zip		
Day Phone Number		Evening Phone Number		Email Address	
Last Name		First Name & Middle Initial		Social Security Number	
Date of Birth		Driver's License Number/State		US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address (No PO Boxes)			City/State/Zip		
Day Phone Number		Evening Phone Number		Email Address	

## PAYABLE UPON DEATH PAYEES

Name	Date of Birth	Social Security Number	Relationship

## CERTIFICATION FOR TAXPAYER IDENTIFICATION NUMBER & MEMBERSHIP ACCOUNT AGREEMENT

*Under penalty of perjury, I/we certify that:*

A. Membership/Account Agreement: I/we make application for membership in the NASA Federal Credit Union (NASA FCU) and certify that all information provided is true and correct. I/we provide written authorization to NASA FCU under the Fair Credit Reporting Act to obtain information from my/our personal credit profiles or other resources to verify my/our identity(ies) and/or creditworthiness. I/we agree to be bound by the most current Member Services Agreement and all other disclosures and agreements entered into which may change from time to time.

B. Certification of Taxpayer Identification Number. 1. The number shown on this form is my correct taxpayer identification number, and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. Citizen or U.S. Resident Alien. 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. **Certification Instructions:** You must cross out item 2 above 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. If you are not a U.S. Citizen or Resident Alien, complete a W-8 BEN to certify foreign status.

Exempt payee code (if any) \_\_\_\_\_ Exemption from FATCA reporting code (if any) \_\_\_\_\_

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.**

Primary Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

