



# MEMBERSHIP APPLICATION

Please print this form, fill it out and fax to:  
**(724) 375-1938**

## General Information

Will there be a co-applicant on this application:  No  Yes, 1 co-applicant  Yes, 2 co-applicants

Membership Eligibility:

Employer Employer Name:

Family Member Family Name:

Community Community Name:

## Primary Applicant

Last Name: Middle Name:

First Name: Social Security Number (TIN):

Date of Birth: Home Phone Number:

Work Phone Number: Other Phone Number:

Email Address: Mother's Maiden Name:

I certify that:  
The TIN is correct and  
I (am/am not) subject to back-up withholding (Circle One) and  
I am a U.S. Person (including a U.S. Resident Alien).

Drivers License #: Drivers License State:

Drivers License Expiration Date:

*Home Address (not P.O. Box)*

Address 1:

Address 2:

City: State, Zip:

Time at Current Residence: Residence Type:  Rent  Own  Other

*Mailing Address (if different)*

Address 1:

Address 2:

City: State, Zip:

*Employment History*

Present Employer Name: Employer Phone Number:

Employer's Address 1:

Employer's Address 2:

City: State, Zip:

Job Title: Job Start Date:

## References

Nearest Relative Not Living With You:

Last Name: First name:

Relationship: Phone Number:

Address 1:

Address 2:

City: State, Zip:

## Additional Information

How would you like to be contacted?

- Home Phone
- Work Phone
- Other Phone
- Email Address
- Other:

Special Instructions/Comments:

**Signature**

**The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.**

Signature:

Date:

If this is for a joint account  
print this page and then print out and complete the co-applicant form.