

1. To Open a Savings Account and Apply for Membership:
 - Complete Section 1.
 - Be certain to fill in the membership eligibility portion of this section if you are qualifying through a family member.
- Joint Accounts
 - If your account will have a joint owner, provide the requested information about the joint owners.
- Important Tax Information
 - Read the section titled "Taxpayer Identification and Backup Withholding" and make any necessary changes.
- Minimum Membership Deposit
 - Be sure to include at least **\$5.00, (\$6.00 IF YOU ARE OPENING THE ACCOUNT WITH LESS THAN \$250.00)**, for your required opening minimum balance **and** a **\$5.00** Membership Application Fee.
 - Send your application and deposit to the address shown below:
2. Beneficiary/Consent of Spouse:
 - If you would like to name a beneficiary, provide your beneficiary information.
- Consent of Spouse
 - If the beneficiary named is not your spouse, have your spouse sign this section. It is suggested that spouses of account signers give consent by signing this section.
3. Debit Card
 - Complete Debit Card Application to apply for a debit card
4. Signatures:
 - All account owners must sign in section 4.

Return to the Credit Union

- Once complete, please return your Membership Application along with the Minimum Membership Deposit and any additional funds that you would like deposited to the Credit Union.

Acadiana Medical Federal Credit Union
702 Saint Landry Street
Lafayette, LA 70506

Taxpayer Identification and Backup Withholding

Under penalties of perjury, you certify (1) THAT THE NUMBER SHOWN ON THIS FORM IS your correct taxpayer identification number (or the minor beneficiary's correct taxpayer identification number if the Account is established under the Uniform Gift/Transfer to Minors Act) and (2) that you are not subject to backup withholding either because you have not been notified that you are subject to backup withholding as result of a failure to report all interest dividends, or the Internal Revenue Service (IRS) has notified you that you are no longer subject to backup withholding, and (3) you are a U.S. person (including a U.S. Resident Alien).

INSTRUCTION TO SIGNER: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in part (2) of the statement above.

DO NOT STRIKE OUT ANY MATERIAL UNLESS YOU ARE SUBJECT TO BACKUP WITHHOLDING BY THE FEDERAL GOVERNMENT.

CERTIFICATE OF AWAITING NUMBER

Under penalties of perjury, you certify (1) that a taxpayer identification number has not been issued to you for the minor beneficiary if the Account is established under the Uniform Gift/Transfer to Minors Act), and that you mailed or delivered an application to receive a taxpayer identification number to the appropriate Internal Revenue Service Center or Social Security Administration Office (or you intend to mail or deliver an application in the near future), and (2) that you are not subject to backup withholding.

Credit Union Use Only			
Account Number: _____		Remarks: _____	
Account Type(s):	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Super Savers
	<input type="checkbox"/> Other _____		<input type="checkbox"/> IRA
1. Membership			
Primary Owner Name _____			Home Owner <input type="checkbox"/>
Social Security Number _____	Date of Birth _____	Mother's Maiden Name _____	Monthly Gross Income _____
Street Address _____		City _____	State _____ Zip Code _____
Home Telephone _____	Work Telephone _____	Employer _____	
Eligibility Statement: _____			
Sponsoring Member's Name _____		Relationship _____	
Driver's License Number: _____		Issuing State: _____	
Designate which Account(s) joint owners shall be on:			
<input type="checkbox"/> All Accounts	<input type="checkbox"/> Share Accounts	<input type="checkbox"/> Share Draft Account	<input type="checkbox"/> Other _____
Joint Owner #1 _____		Social Security Number _____	Relationship to Primary Owner _____
Name _____			
Driver's License/State _____	Telephone Number _____	Date of Birth _____	
Mother's Maiden Name _____			
Joint Owner #2 _____		Social Security Number _____	Relationship to Primary Owner _____
Name _____			
Driver's License/State _____	Telephone Number _____	Date of Birth _____	
Mother's Maiden Name _____			
Joint Owner #3 _____		Social Security Number _____	Relationship to Primary Owner _____
Name _____			
Driver's License/State _____	Telephone Number _____	Date of Birth _____	
Mother's Maiden Name _____			
2. Beneficiary/Consent of Spouse			
Beneficiary(ies) Designation _____			
Name _____	Social Security Number _____	Date of Birth _____	Percentage _____
Name _____	Social Security Number _____	Date of Birth _____	Percentage _____
Consent of Spouse if beneficiary is other than spouse) _____			Date _____
Signature of Spouse _____			
3. Debit Card			
To apply for a Debit Card service, please complete Debit Card application.			
4. Signatures			
You hereby apply for membership with Acadiana Medical Federal Credit Union. You warrant the truth of the information contained in your application for membership and/or in subsequent representations to us. You realize that such information will be relied upon by us in determining your membership eligibility. You hereby authorize us, our employees and agents to obtain credit reports in relation to this application or during anytime you us by you. You agree to be bound by the terms and conditions found within the Agreements and Disclosures. You acknowledge receiving a copy of the "Agreements and Disclosures" related to your account(s) and you agree to the terms and conditions found therein. You further agree to be bound by the bylaws, rules and regulations of Acadiana Medical Federal Credit Union in effect from time to time. In additions to establishing a Savings Account, you may also from time to time request additional Account(s) and/or Account Services to be established on your behalf and/or the addition of joint owner(s) of your account(s). Your signature below is your continuing authorization for Acadiana Medical Federal Credit Union to follow your written or verbal instructions to do so and you agree that your continuing authorization will remain in effect unless We receive written instructions to the contrary. You hereby authorize us to recognize any of the signatures subscribed below in the payment of funds or the transaction of any business for the account(s).			
Your signature also acknowledges that you have read the "Taxpayer Identification and Backup Withholding" section and have made any necessary changes.			
Applicant's (Primary Owner) Signature _____	Date _____	Joint Owner #1 Signature _____	Date _____
Joint Owner #2 Signature _____	Date _____	Joint Owner #3 Signature _____	Date _____
Credit Union Use Only			
Name (Last, First) _____	Account No. _____	Opened by/Date _____	Eligibility Verified _____
Check I.D. _____	ATM/Debit Card Number _____	Visa Check Card Number _____	Membership Officer _____