

Membership Application

Join online
at www.nwfcu.org



A: Primary Owner of Account & Eligibility (Please print)

Name (First, MI, Last) _____
Residential Address (cannot be a P.O. box) _____
City, State, Zip _____
Mailing Address (if different from residence) _____
City, State, Zip _____
Home Phone _____ Work Phone _____
Mobile Phone _____ Email Address _____
SSN (TIN if applicable) _____ Birthdate _____ (mm/dd/yyyy)
Full Driver's License Number _____ State _____
Other Form of Identification _____
I.D. Issue Date _____ I.D. Expiration Date _____
Employer _____ Occupation _____
I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

I am eligible to join in one of the following ways:

- Employee of the Agency (please provide your AIN: _____)
 Employee of an Agency Contractor _____
 Through my Employer or Organization _____
 Through membership in a Community Partner _____
(first year's annual dues required for new members)
 Immediate Family or Household Member:
Member Name _____ Relationship _____
SSN/TIN _____ Day Phone _____

How did you hear about Northwest Federal?

- Member Referral My Employer Website Magazine Offer in Mail Movie/TV
 Radio Print Ad/Newspaper Email Branch Signage Other _____

B: Services Desired Choose your Northwest Federal services by checking the appropriate boxes below.

- Primary Savings Account** (required for membership, with a \$1 minimum deposit)
 ATM Card (ATM/Debit Mastercard® available with checking account)
 Issue ATM Card to Joint Owner(s) on Account (cards will be issued for all Joint Owners if selected)
- Checking Account**
Comes with a FREE ATM/Debit Mastercard® unless box is checked:
 Issue ATM/Debit Mastercard® to Joint Owner(s) on Account
(cards will be issued for all Joint Owners if selected)
- Choice** **Elite**
- Overdraft Protection** (select overdraft source(s))
 Primary Savings Account Member Protection Plan*:
 Secondary Savings Account (separate form; fee applies)
 Money Market Account Standard Limited
*If Member Protection Plan is selected, it will be the last overdraft source.

- FREE Online Banking**
 FREE Online eStatement Access
 FREE Nationwide Shared Branch Access (4,900+ locations in the U.S.)
- Secondary Savings Account**
 Savings Club Account
 Money Market Account
 Certificate Account(s) (separate disclosure and receipt will be provided)

C: Joint Owner or Beneficiary Northwest Federal may limit transactions conducted by Joint Owner

(Joint Owners are not eligible for the full privileges of membership. Individual or Entity listed will be added to all savings and checking accounts listed for this member number, now and in the future, with the exception of IRAs, unless indicated otherwise.)

Joint Owner or Beneficiary #1 If Beneficiary: Percentage _____ %
Name (First, MI, Last) _____
Address (cannot be P.O. box) _____
City, State, Zip _____
Home Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Occupation _____
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
Exclude Individual or Entity from _____ account.
I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #2 If Beneficiary: Percentage _____ %
Name (First, MI, Last) _____
Address (cannot be P.O. box) _____
City, State, Zip _____
Home Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Occupation _____
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
Exclude Individual or Entity from _____ account.
I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #3 If Beneficiary: Percentage _____ %
Name (First, MI, Last) _____
Address (cannot be P.O. box) _____
City, State, Zip _____
Home Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Occupation _____
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
Exclude Individual or Entity from _____ account.
I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #4 If Beneficiary: Percentage _____ %
Name (First, MI, Last) _____
Address (cannot be P.O. box) _____
City, State, Zip _____
Home Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Occupation _____
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
Exclude Individual or Entity from _____ account.
I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #5 If Beneficiary: Percentage _____ %
Name (First, MI, Last) _____
Address (cannot be P.O. box) _____
City, State, Zip _____
Home Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Occupation _____
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
Exclude Individual or Entity from _____ account.
I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

Joint Owner or Beneficiary #6 If Beneficiary: Percentage _____ %
Name (First, MI, Last) _____
Address (cannot be P.O. box) _____
City, State, Zip _____
Home Phone _____ Work Phone _____
SSN/TIN _____ Birthdate _____ (mm/dd/yyyy)
Occupation _____
Full Driver's License Number _____ State _____
Driver's License Issue Date _____ Exp. Date _____
Exclude Individual or Entity from _____ account.
I am a: U.S. Citizen Permanent Resident Alien Non Resident Alien

