



MEMBERSHIP APPLICATION & AGREEMENT

Marketplace Branch
3005 S. Parker Road, C-300
Aurora, CO 80014

Golden Branch
2433 Ford Street
Golden, CO 80401

303-369-7666 | 1-800-666-6928

Account Number

Account Type(s):				
Share	Money Market	Checking	Share Certificate	IRAs
<input type="checkbox"/> Primary Share Savings	<input type="checkbox"/> Insured Money Market <input type="checkbox"/> Maximum Money Market	<input type="checkbox"/> Classic Checking <input type="checkbox"/> Classic Checking Plus <input type="checkbox"/> Economy Checking <input type="checkbox"/> Economy Checking Plus <input type="checkbox"/> Premium Checking <input type="checkbox"/> Premium Checking Plus <input type="checkbox"/> Teen Checking	<input type="checkbox"/> Starter Certificate (term) _____ <input type="checkbox"/> Share Certificate (term) _____ <input type="checkbox"/> Youth Prime Certificate (term) _____ <input type="checkbox"/> Coverdell Certificate (term) _____ <input type="checkbox"/> HSA Certificate (term) _____ <input type="checkbox"/> 3-Year Step Up Certificate (term) _____	<input type="checkbox"/> IRA Share Savings <input type="checkbox"/> Roth IRA Share Savings <input type="checkbox"/> SEP IRA Share Savings <input type="checkbox"/> IRA Share Certificate (term) _____ <input type="checkbox"/> Roth IRA Share Certificate (term) _____ <input type="checkbox"/> SEP IRA Certificate (term) _____
Account Ownership:		<input type="checkbox"/> Individual <input type="checkbox"/> POD (Payable-on-Death)	<input type="checkbox"/> Joint with right of survivorship <input type="checkbox"/> Trust	<input type="checkbox"/> Joint without right of survivorship

IMPORTANT INFORMATION ABOUT PROCEDURE[S] FOR OPENING A NEW 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 for You: When You open an Account, We will ask You for Your name, address, date of birth, and other information that will allow Us to identify You. We may also ask to see Your driver's license or other identifying documents.

Primary Owner Information Member Trust Other Specify: _____ **Are You a Non-Resident Alien?** Yes No

Full Name		Eligibility	Birth Date/Date of Trust	
Address <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payments	Years at Address	Number of Dependents
Address (If you have lived in previous address less than two years)				
Home Telephone	Business Telephone	E-Mail Address		Mother's Maiden Name
Social Security Number		Driver's License Number/State/Exp.		Employer

Owner 2 Information Joint Owner Trustee Other _____

Full Name		Eligibility	Birth Date	
Address <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payments	Years at Address	Number of Dependents
Address (If you have lived in previous address less than two years)				
Home Telephone	Business Telephone	E-Mail Address		Mother's Maiden Name
Social Security Number		Driver's License Number/State/Exp.		Employer

Owner 3 Information Joint Owner Trustee Other _____

Full Name		Eligibility	Birth Date	
Address <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payments	Years at Address	Number of Dependents
Address (If you have lived in previous address less than two years)				
Home Telephone	Business Telephone	E-Mail Address		Mother's Maiden Name
Social Security Number		Driver's License Number/State/Exp.		Employer

Owner 4 Information Joint Owner Trustee Other _____

Full Name		Eligibility	Birth Date	
Address <input type="checkbox"/> Own <input type="checkbox"/> Rent		Monthly Payments	Years at Address	Number of Dependents
Address (If you have lived in previous address less than two years)				
Home Telephone	Business Telephone	E-Mail Address		Mother's Maiden Name
Social Security Number		Driver's License Number/State/Exp.		Employer

