



Union Membership Application

(credit union use) Account #:

All Fields are Required

Union Name:

- Complete and mail to: Qualstar PO Box 96730 Bellevue, WA 98009
- Or visit www.qualstarcu.com/union-members to complete online.

(choose one from the drop-down list)

First Name _____ Middle _____ Last _____ Suffix _____

Street/Physical Address _____ City _____

State _____ Zip _____

Mailing Address (if different) _____ City _____

State _____ Zip _____ Union Local # _____

Home Phone () _____ Cell Phone () _____

Mother's Maiden Name _____ E-Mail _____

Date of Birth _____ Social Security # _____

Occupation _____ Employer _____

I.D./Drivers Lic. # _____ State Issued _____ Issue Date _____ Exp. Date _____

OK to Text? (Not for Marketing purposes.) Yes No

Security Code Word _____ (PLEASE CHOOSE CAREFULLY; this will be required when you call or come in.)

Security Code Word Hint _____

(If you forget your Code Word, we will provide this hint to remind you. - e.g. if your Code Word is "Evergreen" a hint could be "WA state tree")

If you would like to add a Joint Owner* to your account, please complete all information below.

First Name _____ Middle _____ Last _____ Suffix _____

Street/Physical Address _____ City _____

State _____ Zip _____

Home Phone () _____ Cell Phone () _____

Mother's Maiden Name _____ E-Mail _____

Date of Birth _____ Social Security # _____

Occupation _____ Employer _____

I.D./Drivers Lic. # _____ State Issued _____ Issue Date _____ Exp. Date _____

*Joint Account Owner will have an interest in all services provided under this account. If no Joint Account Owner is designated, you can elect to add

a Payable on Death (POD) Beneficiary (not applicable to IRA accounts): Beneficiary: _____ Relationship: _____

Authorization: By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, Funds Availability Policy Disclosure (all available online at www.qualstarcu.com/about-us), if applicable, and to any amendment the credit union makes from time to time which are incorporated herein. I/we acknowledge receipt of a copy of the Agreement and Disclosure applicable to the accounts and services requested herein. If an ATM card or EFT service is requested and provided, I/we agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. I/we authorize Qualstar to check my/our credit, verify employment history, obtain a credit report and to answer questions about its credit experience with me/us. The Internal Revenue Service does not require your consent to any provision of this Account Card other than the certifications required to avoid backup withholding. By signing below, I certify, under penalties of perjury, that (1) am a U.S. person (including a U.S. resident alien), (2) the Social Security number (SSN)/taxpayer identification number (TIN) shown is my/the correct identification number and (3) I am NOT, unless designated below, subject to backup withholding because I have not been notified that I am subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. I further acknowledge that any unclaimed funds in my account may be escheated to the State of Washington as per escheatment laws, or may be returned to my union vacation trust, depending on my union trust agreement.

- I am subject to backup withholding. I am NOT a United States citizen or U.S. person (complete W-8BEN form). I am Exempt.

By signing this form I am also consenting to allow Qualstar Credit Union and any related service providers to contact me at any telephone number I provide now or in the future, in order to administer and service my account. These numbers may include, but are not limited to, mobile/cellular devices. These contacts may be made as a direct dial call or through the use of text messages, pre-recorded or simulated voice messages, and/or the use of an "automated telephone dialing system." I understand and agree this is intended to be an ongoing authorization, effective as of the date signed, and will remain in effect until I provide notice of my revocation to Qualstar Credit Union.

My signature below also allows Qualstar Credit Union to use the credit report pulled for the purpose of this request for any current or future loan approvals and consideration of offering me additional credit and/or services. I understand and agree this is intended to be an ongoing authorization for this and all future credit reports, effective as of the date signed, and will remain in effect until I provide written notice of my revocation to Qualstar Credit Union.

Signature of Primary Member _____ Date _____

Signature of Joint Account Owner _____ Date _____

Additional Services

YES, I'd like to order a **Visa Check Card.**

YES, I'd like to receive an **alert when my Vacation Fund deposit has been received.**

Choose one (mobile only):

Text Voicemail

Please indicate other products or services you are interested in, and we will contact you with more information:

- Auto Loans
- Credit Cards
- Real Estate Loans
- Loan Consolidation
- Saving Options
- Investments
- Youth Accounts
- Online Services