

Member # _____ Primary Acct # _____
 Date _____ Branch _____
 Mother's Maiden Name _____

MEMBERSHIP APPLICATION

Broadview USE ONLY	ID Number	Issued	Expires	Member Group Code	Member Eligibility	SSN State	Operator	Quailfile Results
_____	_____	_____	_____	_____	_____	_____	_____	_____

- | | | |
|----------------------------------|--------------------------------|------------------------------------|
| 1. Name
_____ | 2. Mailing Address
_____ | |
| 3. E-mail address
_____ | 4. Date of Birth
_____ | 5. Social Security Number
_____ |
| 6. Occupation
_____ | 7. Work Phone Number
_____ | 8. Home Phone Number
_____ |
| 9. Cell Phone Number
_____ | 10. Employment Status
_____ | 11. Employer
_____ |
| 12. Employment Duration
_____ | 13. Title
_____ | 14. Gross Income
_____ |
| 15. ID State
_____ | 16. Occupancy Status
_____ | 17. Occupancy Duration
_____ |

18. I/We authorize Broadview to establish or add the following accounts/services:

- | | | |
|--|---|---|
| <input type="checkbox"/> Checking | <input type="checkbox"/> Young Adult Checking | <input type="checkbox"/> Personal Line of Credit* |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> Online Access | <input type="checkbox"/> DIAL |
| <input type="checkbox"/> Preferred Savings | <input type="checkbox"/> Owner's Choice | <input type="checkbox"/> Holiday Club |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

I/We hereby make application for membership in Broadview, and agree to conform to the laws and amendments thereof and subscribe for at least one share.

This is a variable rate account. As such, the credit union reserves the right to change the rate at any time and at its sole discretion.

**Upon approval your personal line of credit is activated.*

Broadview USE ONLY	ID Number	Issued	Expires	Member Group Code	SSN State	Year
	_____	_____	_____	_____	_____	_____

19. Joint Owner Name

20. Mother's Maiden Name

21. Mailing Address

22. E-mail Address

23. Date of Birth

24. Social Security Number

25. Occupation

26. Work Phone Number

27. Home Phone Number

28. Cell Phone Number

29. Employment Status

30. Employer

31. Employment Duration

32. Title

33. Gross Income

34. ID State

35. Occupancy Status

36. Occupancy Duration

Broadview is hereby authorized to recognize any of the signatures subscribe hereto in the payment of funds or the transaction of any business for this account. All sums paid in on shares in joint accounts are owned jointly, with the right of survivorship, and are subject to the withdrawal by, or receipt of, either party. Payment to either joint owner or a survivor shall be presumed valid and releases Broadview from any liability for such payment, absent gross negligence by Broadview. By signing you agree to be bound by the terms and conditions for this account as outlined in the Member Benefits Guide. Your signature also authorizes Broadview to obtain a consumer credit report in connection with this process; and at your request, the Credit Union will supply the name and address of any credit bureau from which it will receive, or has received, a consumer report on you. Completion of this membership application is not to be considered as an application for credit.

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify that: (1) the number shown on the form is my correct taxpayer identification number. And (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not a U.S. Person.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISIONS OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING.

37. Owner Signature

38. Joint Owner Signature

39. Membership Officer

X

X

X

State of New York
County of _____

On this _____ of _____, _____, before me personally came _____ known to me to be the individual(s) described in and who executed this instrument, and he/she duly acknowledged to me that he/she executed same.

Notary Public

*If applying by mail, this form must be witnessed by a Notary Public and forwarded, along with a valid driver's license, to Broadview, 700 Patroon Creek Blvd. Albany, NY 12206.

Federally insured by NCUA