



Membership Application Request Form

Print and complete this form to obtain a Membership Application Kit

PRIMARY APPLICANT

First Name: _____

Last Name: _____

Date of Birth: _____ SSN: _____

Street Address: _____

City: _____

State: _____ ZIP Code: _____

Phone Number: _____

Employer Name: _____

Email Address: _____

Membership Eligibility:

Member/employee/retiree of: _____ Branch/Local _____

Immediate family or household member of the following qualified person:

Name: _____ Relationship: _____

Qualifying Entity: _____

JOINT APPLICANT (if applying for Joint Account)

First Name: _____

Last Name: _____

Date of Birth: _____ SSN: _____

How did you hear about us? _____

Comments and other requests: _____

To obtain a Membership Application Kit, bring this form to the AFTRA-SAG FCU branch location of your choice, fax it to **818-260-9495**, or send it via postal mail to:

AFTRA-SAG Federal Credit Union / Attn: Member Services / P.O. Box 11419 / Burbank, CA 91510