



Membership Application

Please print and mail the completed application to:

WEA Credit Union
33 Nob Hill Dr
Madison WI 53713

I certify that I qualify for membership because I am a:

- WEAC member
- WEAC employee
- WEA Insurance Trust employee
- Trust Advantage district employee
- Family member of eligible person
- Other _____

I would like to open an *individual / joint/ organizational* (circle one) daily savings account. I will use the account primarily for *family/ business/ other* (circle one) use. I *do/ do not* (circle one) intend to have regular deposits of \$10,000 or more.

Primary Member Information

First Name: _____ MI: ____

Last Name: _____

SSN#: _____ DOB: _____

Address: _____

City: _____ State: ____

Zip: _____

Employer: _____

Home Phone: _____

Work Phone: _____

e-mail: _____

Drivers License #: _____

Joint Account Holder Information

First Name: _____ MI: ____

Last Name: _____

SSN#: _____ DOB: _____

Address: _____

City: _____ State: ____

Zip: _____

Employer: _____

Home Phone: _____

Work Phone: _____

e-mail: _____

Drivers License #: _____

Account Type:

- Daily Savings* (*required account*)
- Share Draft (checking)
Please include MasterMoney debit card (Yes / No)
- Certificates
- Money Market Savings
- Christmas Club
- Vacation or Special Purpose Account
- Traditional IRA
- Roth IRA
- Coverdell Education Savings Account
- Loans

Signature: _____ Date: _____

Signature (Joint Member): _____ Date: _____

* A minimum deposit of \$25 is required to open your savings account. When we receive this application we will forward to you account cards, disclosures, and other necessary forms to open the accounts you have indicated.