

Membership Application and Approval

Account Number _____



Name _____
Phone Number _____
Mailing Address _____
Physical Address _____
Federal Identification Number _____

By Board of Resolution, we hereby make application for membership in the Tricorp Federal Credit Union and agree to conform to its laws, bylaws and policies.

The following named persons, or positions by title, are authorized to transact business with Tricorp Federal Credit Union for the accounts of this credit union.

Resolution Approved

Date _____

Signed _____

Secretary

Signed: President

Signed: Treasurer

Membership Approval

At an official meeting of the Board of Directors of Tricorp FCU held, the above application was reviewed and the membership was approved.

Date

Signed _____

Or _____

Secretary

Signed _____

Membership Officer