

Membership Invitation for Student Organizations at Cal State L.A.

Account Number: _____

California State University, Los Angeles Federal Credit Union • 5154 State University Drive • Los Angeles, CA 90640-1117
Phone: (323) 343-4990 • Fax: (323) 343-6400 • www.calstatela-fcu.org • newaccts@calstatela-fcu.org

Eligibility

I'm eligible to join the CSULAFCU because we are a recognized student organization at California State University, Los Angeles.

Name of Organization: _____

Organization Mailing Address: _____

Advisor's Name: _____ Campus Phone Number: _____

Membership Information

President's Name: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Treasurer's Name: _____ Phone Number: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Choose Service and Indicate Initial Deposit

Membership Fee: \$ waived

Deposit to Regular Share Savings Account (\$25 minimum deposit): \$ _____

Checking (\$5 minimum deposit): \$ _____

Checking Overdraft* No Checking Overdraft

*Overdrafts will be covered by a transfer from my savings account, then by an advance from my Line of Credit Loan Account, subject to terms and conditions of that account, up to my credit limit. (Subject to credit approval)

The Center for Student Development and Programs will pay for the organization's checkbooks, as long as the student organization is officially recognized by the University.

Taxpayer Identification Number

Taxpayer Identification Number is: _____ - _____ - _____

Certification: Under penalties of perjury, I certify that (1) the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), 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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I must cross out item (2) above if I have been notified by the IRS that I am currently subject to backup withholding because of underreporting interest or dividends on my tax return.

Signature: _____ Date: _____

Acknowledgment & Signature (See reverse for signature verification requirements)

I hereby make application for membership in and agree to be bound by the bylaws, regulations, policies and rules, and any amendments thereof, of California State University, Los Angeles Federal Credit Union. I acknowledge receipt of the Account Agreement, Disclosure for Electronic Services, Truth-in-Savings, and the Fee Schedule and agree to be bound by their terms. I acknowledge the Center for Student Development and Programs is hereby designated as Beneficiary to this account and, in the event of inactive status of the organization for three consecutive years, will receive all sums of the account established in this form to directly benefit student organizations at California State University, Los Angeles. My signature below and use of the account will confirm my agreement to be bound and my acceptance of the Agreement on the reverse.

President's Signature

Date

Treasurer's Signature

Date

Verification by Center for Student Development and Programs: _____ Date: _____

Agreement

In this Membership Invitation “I”, “Me” and “My” mean each and ever person who signs on the reverse. “You” and “Your” mean California State University, Los Angeles Federal Credit Union. If I am not currently a member, I hereby make application for membership in California State University, Los Angeles Federal Credit Union. By signing the reverse I request access to the TARA Audio Response System. I agree to conform to your bylaws as well as all applicable terms and conditions set forth in the Deposit Account Agreement, Truth in Savings Disclosure, the Certificate Account Agreement and Disclosure (if applicable), and Electronic Services Disclosure and Agreement (receipt of all of which is hereby acknowledged and which is incorporated by this reference). I understand and agree that this Membership Invitation shall govern the Regular Share, the Checking Account, the ATM Card and the TARA Audio Response System and other accounts designated by me on the reverse. I authorize you to open other account(s) for me in person or per my telephone request.

I authorize you to gather whatever credit, checking account and employment information you consider appropriate from time to time. I understand that this will assist, for example, in determining my initial and ongoing eligibility for account. I authorize you to give information concerning your experience with me to others. I understand and agree that you may retain this Signature Card and any other information you may receive and that I waive my right to confidentiality of my records with the California Department of Motor Vehicles (DMV) and authorize you to obtain such information from the DMV.

Signature Verification

Driver's License or I.D. Cards:

Important: For verification of signatures only, all applicant's (primary or joint) must attach a photocopy of a current and valid Driver's License, California Identification Card, Out-of-State Driver's License, Out-of-State Identification Card or Military Identification. All I.D.'s must contain a photograph.