



130 – 23rd Avenue SW
Rochester, MN 55902
mayocreditunion.org

507-535-1460 Tel
800-535-2129 Toll Free
507-293-8116 Fax

Membership Application Addendum

Date	Member Number
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Joint Applicant

Add Remove Applies to: All Accounts Accounts:

Last Name	First Name	M.I.	Occupation	Social Security Number	Date of Birth
Residential Address (No PO Box)			Drivers License #	State	Issue/Expiration Date
City, State, Zip Code		US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address		
Work Phone	Home Phone	Cell Phone	Mother's Maiden Name	Relationship to Applicant	

Joint Applicant

Add Remove Applies to: All Accounts Accounts:

Last Name	First Name	M.I.	Occupation	Social Security Number	Date of Birth
Residential Address (No PO Box)			Drivers License #	State	Issue/Expiration Date
City, State, Zip Code		US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address		
Work Phone	Home Phone	Cell Phone	Mother's Maiden Name	Relationship to Applicant	

Payable-on-Death Beneficiary (Not a Joint Applicant)

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:	<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:						
Last Name	First Name	M.I.	Date of Birth	Last Name	First Name	M.I.	Date of Birth
Residential Address (No PO Box)			Social Security # (if available)	Residential Address (No PO Box)			Social Security # (if available)
City, State, Zip Code			Relationship to Applicant	City, State, Zip Code			Relationship to Applicant

Payable-on-Death Beneficiary (Not a Joint Applicant)

<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:	<input type="checkbox"/> Add <input type="checkbox"/> Remove Applies to: <input type="checkbox"/> All Accounts <input type="checkbox"/> Accounts:						
Last Name	First Name	M.I.	Date of Birth	Last Name	First Name	M.I.	Date of Birth
Residential Address (No PO Box)			Social Security # (if available)	Residential Address (No PO Box)			Social Security # (if available)
City, State, Zip Code			Relationship to Applicant	City, State, Zip Code			Relationship to Applicant

Primary Owner's Signature	DATE
X	
Joint Applicant's Signature	DATE
X	
Joint Applicant's Signature	DATE
X	