

CHELSEA EMPLOYEES FEDERAL CREDIT UNION

OFFICE USE ONLY:

Acct #: _____ Name Tag _____
ID SCAN _____ ChexSystems _____

New Member Application

Name: _____ SSN: _____

Address: _____ DOB: _____

City: _____ State: _____ ZIP: _____

Phone Number: (cell) _____ (home) _____

Driver's License/State/ ID Number: _____ Exp. Date: _____

E-mail: _____ Would you like E-statements? Yes No

Joint Member Name: _____ Checking Account? Yes No

Debit MasterCard? Yes No

Membership Eligibility:

City of Chelsea Employee Dept _____

Chelsea Schools Dept/School _____

Chelsea Housing Authority

Chelsea Restoration

Chelsea Chamber of Commerce

Family member Member's name _____

Other _____

