



Membership Information Form

Date

Last Name

First

Middle

Birth Date

Mother's Maiden Name

Social Security Number

Mailing (or Post Office Box) Address

Use this Address

City

State

Zip Code

Street Address

Use this Address

City

State

Zip Code

Home Phone

Work Phone

Employer

Occupation

Employer's Address

City

State

Zip Code

I qualify for membership with Hawai'i Schools FCU because:

Additional members, or 'Joint Owners,' of an account should complete a separate sheet.

This form does not constitute an agreement or contract to open a credit union account.