

INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION

RETURN THIS CARD TO YOUR CREDIT UNION

PRINT AND COMPLETE ALL INFORMATION

MEMBERSHIP CARD

Employee Name _____ Brh. No. _____
First Middle Last

Employee Security
Payroll No. | | | | | | | Code | | | | | | | Birth Date _____
Mo. Day Year

Residence
Address _____ Soc. Sec. No. _____

City _____ Date Hired _____

State _____ Zip _____ Occupation _____

Home Phone _____ Mother's
Area Code Telephone No. Maiden Name _____

**I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE
INDUSTRIAL DISTRIBUTORS FEDERAL CREDIT UNION
AND AGREE TO ITS LAWS AND AMENDMENTS
THEREOF AND SUBSCRIBE FOR AT LEAST ONE SHARE.**

SIGNATURE of Member
(employee) _____ Date Signed _____

DO NOT WRITE BELOW THIS LINE -- RESERVED FOR CREDIT UNION USE

THIS APPLICATION APPROVED BY THE BOARD OF DIRECTORS AND ENTERED

Form CU001 _____
Rev. 4/97 Date Approved Clerk Effective Date

Membership card - referred to as the "Yellow Card" - front of card