



Membership Application

Please print this form, fill it out and fax to 425-252-9377

General Information

Will there be a co-applicant on this application?				No	Yes, 1 Co-Applicant	Yes, 2 Co-Applicants
Membership Eligibility						
Employer	Employer Name:					
Family Member	Family Name:					
Community	Community Name:					

Primary Applicant

Last Name:	Middle Name:
First Name:	Social Security Number (TIN):
Date of Birth:	Home Phone Number:
Work Phone Number:	Other Phone Number:
Email Address:	Mother's Maiden Name
I certify that: The TIN is correct and I (am / am not) subject to back-up withholding (Circle One) and I am a U.S. Person (including a U.S. Resident Alien).	

Drivers License #:	Drivers License State:
Home Address (not P.O. Box)	
Address 1:	
Address 2:	
City:	State, Zip:
Time at Current Residence:	Residence Type: Own Rent Other:
<i>Mailing Address (if different)</i>	
Address 1:	
Address 2:	
City:	State, Zip:
<i>Employment History</i>	
Present Employer Name:	Employer Phone Number:
Employer's Address 1:	
Employer's Address 2:	
City:	State, Zip:
Job Title:	Job Start Date:

References

Nearest relative not living with you	
Last Name:	First Name:
Relationship:	Phone Number:
Address 1:	Other Phone Number:
Address 2:	Mother's Maiden Name
City:	State, Zip:

Additional Information

How would you prefer to be contacted?

Home Phone
Work Phone
Other Phone
Email Address
Other:

Special Instructions/Comments:

Signature

The Internal Revenue Service does not require your consent to any provision of this contract other than the certifications required to avoid backup withholding.

Signature:	Date:
------------	-------

If this is for a joint account, please make sure to complete and submit the co-applicant form.