



Scient Federal Credit Union  
 60 Colver Avenue - P.O. Box 499  
 Groton, CT 06340-0499  
 Tel: 877 860 MYCU  
 www.scientfcu.org

Your savings federally insured to at least \$250,000  
 and backed by the full faith and credit of the United States Government  
**NCUA**  
 National Credit Union Administration, a U.S. Government Agency

**MEMBERSHIP APPLICATION**

MEMBER INFORMATION			
<b>Member/Owner Name</b>		<b>Member No.</b>	
Street			
City/State/Zip		SSN/TIN	DOB
Home Phone	Cell Phone	Type of ID	Expiration Date
Work Phone		ID No.	State of Issue
E-mail		Occupation	

MEMBERSHIP ELIGIBILITY	
<input type="checkbox"/> <b>Employer (please note):</b>	
<input type="checkbox"/> <b>American Consumer Council Member:</b> I certify that I am an employee or member of the American Consumer Council, Connecticut Chapter and qualify for membership in accordance with its chapter and bylaws in effect on June 5, 2014.	
<input type="checkbox"/> <b>Underserved Community Member:</b> I certify that I (circle one): live, work or regularly conduct business as part of my work, worship, attend school in, or am a business or other legal entity located in one of the following census tracts within New London County, Connecticut (6901, 6902, 6903, 6904, 6905, 6907, 6908, 7022.01, 7022.02, 7023, 7025, or 7027).	
<input type="checkbox"/> <b>New London County Historical Society:</b> I certify that I am a voting member of the New London County Historical Society in New London, Connecticut, and qualify for membership in accordance with its charter and bylaws in effect on July 14, 2009.	

ACCOUNT TYPE			
Please refer to your membership agreement for terms of the accounts selected below.			
<input type="checkbox"/> Share/Savings	<input type="checkbox"/> Money Market	<input type="checkbox"/> Visa	<input type="checkbox"/> Other
<input type="checkbox"/> Share Draft/Checking	<input type="checkbox"/> Trust	<input type="checkbox"/> Christmas Club	
<input type="checkbox"/> Share Certificate	<input type="checkbox"/> Personal Agency	<input type="checkbox"/> Special Shares	

SERVICES FOR ACCOUNT	
<input type="checkbox"/> Overdraft Protection (indicate transfer priority):	<input type="checkbox"/> Visa® Debit Card
<input type="checkbox"/> Home Banking	<input type="checkbox"/> eStatements

ACCOUNT OWNERSHIP		
Designate the ownership of the accounts and responsibility for the services requested.		
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Account with Survivorship	<input type="checkbox"/> Joint Account without Survivorship

JOINT OWNER INFORMATION			
<b>Joint Owner</b>		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
<b>Joint Owner</b>		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	
<b>Joint Owner</b>		SSN/TIN	DOB
Street		Type of ID	Expiration Date
City/State/Zip		ID No.	State of Issue
Home Phone	Cell Phone	Work Phone	

