



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:

Mailing Address (if different)

Address 1:

Address 2:

City: State, Zip:

Employment History

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
Print this page and then click [here](#) for the co-applicant form.