

Today's Date: _____

SERVICES		
<input type="checkbox"/> Regular Share (savings)	<input type="checkbox"/> Checking	<input type="checkbox"/> ATM Card
<input type="checkbox"/> eServices PIN Issued	<input type="checkbox"/> Check Card	
<input type="checkbox"/> Other:		

MEMBER NAME		ACCOUNT NUMBER		REPLACEMENT MEMBERSHIP APPLICATION	
				<input type="checkbox"/> Yes <input type="checkbox"/> No Date of Replacement:	
MEMBER VERIFICATION PASSWORD		SOCIAL SECURITY NUMBER		REASON FOR REPLACEMENT	
				<input type="checkbox"/> Remove Joint: <input type="checkbox"/> Add Joint: <input type="checkbox"/> Name Change: <input type="checkbox"/> Other:	
PRIMARY MAILING ADDRESS		CITY	STATE	ZIP	
EMAIL ADDRESS		HOME PHONE		WORK PHONE	CELL PHONE
PRIMARY PHYSICAL ADDRESS <small>if above is P.O. Box</small>		CITY	STATE	ZIP	SIGNATURE
UNEXPIRED PHOTO GOV'T ID W/SIGNATURE #		TYPE	STATE	EXPIRATION	X (seal)
ELIGIBILITY	PLACE OF EMPLOYMENT, WORSHIP, STUDY OR VOLUNTEER DUTY:			FAMILY MEMBER NAME <small>if eligible through family</small>	OFFICER

OWNERSHIP OF ACCOUNT

Select ownership type: Individual Joint with survivorship Pay on Death Provision Custodial Trust: Separate Agreement Dated _____ Other _____

PAY ON DEATH PROVISION BENEFICIARY

NAME	SOCIAL SECURITY NUMBER	NAME	SOCIAL SECURITY NUMBER

SIGNATURES AND CERTIFICATIONS

BACKUP WITHHOLDING CERTIFICATION

By signing above, under the penalties of perjury, I certify (1) that the number shown on this form is my correct identification number; (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien). **The Internal Revenue Service does not require your consent to any provision of this document other than the TIN certification required to avoid backup withholding.**

ELIGIBILITY CERTIFICATION

BY SIGNING ABOVE, I HEREBY MAKE APPLICATION FOR MEMBERSHIP IN THE ABERDEEN PROVING GROUND FEDERAL CREDIT UNION AND AGREE TO ABIDE BY THE FEDERAL CREDIT UNION ACT, NCUA RULES AND REGULATIONS, LAWS OF THE STATE OF MARYLAND, WHERE APPLICABLE, AND THE CREDIT UNION BY-LAWS AND AMENDMENTS THEREOF AND SUBSCRIBE FOR AT LEAST ONE (1) SHARE. The undersigned acknowledge receipt of "All About Your Accounts" (hereinafter referred to as Agreement) and agrees to be bound by the terms and conditions of the same, which Agreement is incorporated by reference herein and made a part thereof. Your signature also constitutes a request for any identifying number and/or access device issued by the Credit Union in connection with such accounts. The Credit Union is authorized to obtain such financial information/credit bureau reports relating to me as it deems necessary in order to process my accounts/services. The Credit Union is hereby authorized to charge this account for any obligation owed by me, or any joint owners, if applicable, to the Credit Union. The undersigned also acknowledges receipt and agrees to be bound by all conditions applicable to each listed account and the following: ATM, Check Card, ABBY, and Checking Account which are incorporated by reference herein and made a part thereof. **I am affirming under penalties of perjury I am eligible to join APGFCU as designated in the eligibility section.**

ADDITIONAL SIGNERS

SOCIAL SECURITY NUMBER	DATE OF BIRTH	NAME			SIGNATURE
					X (seal)
PRIMARY MAILING ADDRESS		CITY	STATE	ZIP	OWNERSHIP TYPE
					<input type="checkbox"/> Joint <input type="checkbox"/> Custodial <input type="checkbox"/> Trustee <input type="checkbox"/> Administrator
PRIMARY PHYSICAL ADDRESS <small>if above is P.O. Box</small>		CITY	STATE	ZIP	PRIMARY PHONE
UNEXPIRED PHOTO GOV'T ID W/SIGNATURE #		TYPE	STATE	EXPIRATION	EMAIL ADDRESS
SOCIAL SECURITY NUMBER	DATE OF BIRTH	NAME			SIGNATURE
					X (seal)
PRIMARY MAILING ADDRESS		CITY	STATE	ZIP	OWNERSHIP TYPE
					<input type="checkbox"/> Joint <input type="checkbox"/> Custodial <input type="checkbox"/> Trustee <input type="checkbox"/> Administrator
PRIMARY PHYSICAL ADDRESS <small>if above is P.O. Box</small>		CITY	STATE	ZIP	PRIMARY PHONE
UNEXPIRED PHOTO GOV'T ID W/SIGNATURE #		TYPE	STATE	EXPIRATION	EMAIL ADDRESS
SOCIAL SECURITY NUMBER	DATE OF BIRTH	NAME			SIGNATURE
					X (seal)
PRIMARY MAILING ADDRESS		CITY	STATE	ZIP	OWNERSHIP TYPE
					<input type="checkbox"/> Joint <input type="checkbox"/> Custodial <input type="checkbox"/> Trustee <input type="checkbox"/> Administrator
PRIMARY PHYSICAL ADDRESS <small>if above is P.O. Box</small>		CITY	STATE	ZIP	PRIMARY PHONE
UNEXPIRED PHOTO GOV'T ID W/SIGNATURE #		TYPE	STATE	EXPIRATION	EMAIL ADDRESS