



## Member Applicant Identity Verification Sheet

This form must be completed by the applicant, a witness and a valid notary public to verify the identity of the member applicant.

Member applicant's name: (print) \_\_\_\_\_

Member applicant's signature: \_\_\_\_\_

Joint account holder's name: (if applicable) \_\_\_\_\_

Joint account holder's signature: (if applicable) \_\_\_\_\_

**Two** forms of identification are required. (Example, Valid Driver's License, State ID, Passport, Military ID, Social Security Card, Birth Certificate, Voters Registration Card, Medicare or Medical Card):

**Please copy and forward with this form completed.**

\_\_\_\_\_  
Identification # 1

\_\_\_\_\_  
Identification # 2

Name/address/license #, and expiration date listed on identification:  
\_\_\_\_\_

Name of witness: (print) \_\_\_\_\_

Signature of witness: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires \_\_\_\_\_.  
(seal)

\_\_\_\_\_  
Notary Public