

**MASTER MEMBERSHIP
APPLICATION/SIGNATURE CARD**

MEMBERSHIP #		<input type="checkbox"/> NEW MEMBERSHIP <input type="checkbox"/> ACCOUNT CHANGE		<input type="checkbox"/> CUTMA <input type="checkbox"/> COOGAN <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> MINOR <input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> REPRESENTATIVE PAYEE		<input type="checkbox"/> ONLINE <input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> BDO <input type="checkbox"/> FAX <input type="checkbox"/> MARKET PLACE LENDER	
PRIMARY MEMBER INFORMATION							
LAST NAME		FIRST NAME		MIDDLE INITIAL		DATE OF BIRTH	
DRIVER'S LICENSE, STATE OR OTHER ID#	STATE/COUNTRY	<input type="checkbox"/> DRIVER LICENSE <input type="checkbox"/> STATE ID <input type="checkbox"/> MILITARY ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> PERMANENT RESIDENCE CARD		ISSUED DATE	EXP DATE	MOTHER'S MAIDEN NAME	
RESIDENTIAL ADDRESS			CITY	STATE	ZIP	OCCUPANCY DURATION YRS MOS	
<input type="checkbox"/> BUYING/OWN WITH MORTGAGE <input type="checkbox"/> GOVERNMENT QUARTERS <input type="checkbox"/> LIVE WITH PARENTS <input type="checkbox"/> OWN FREE AND CLEAR <input type="checkbox"/> RENT <input type="checkbox"/> OTHER			RENT/MORTGAGE \$	PREVIOUS ADDRESS (IF LESS THAN 2 YEARS AT CURRENT ADDRESS)			
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)				CITY	STATE	ZIP	
HOME PHONE #		WORK / DAYTIME PHONE #		CELL PHONE #		E-MAIL ADDRESS	
EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME)			SCHOOL / OCCUPATION			MONTHLY GROSS INCOME	
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> RETIRED MILITARY <input type="checkbox"/> GOVERNMENT/DOD <input type="checkbox"/> OTHER						EMPLOYMENT DURATION YRS MOS	
SIGN HERE	PRIMARY MEMBER SIGNATURE					DATE	
JOINT MEMBER INFORMATION							
LAST NAME		FIRST NAME		MIDDLE INITIAL		DATE OF BIRTH	
DRIVER'S LICENSE, STATE OR OTHER ID#	STATE/COUNTRY	<input type="checkbox"/> DRIVER LICENSE <input type="checkbox"/> STATE ID <input type="checkbox"/> MILITARY ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> PERMANENT RESIDENCE CARD		ISSUED DATE	EXP DATE	MOTHER'S MAIDEN NAME	
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JOINT MEMBER INFORMATION							
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HOME PHONE #		WORK / DAYTIME PHONE #		CELL PHONE #		E-MAIL ADDRESS	
EMPLOYER (IF RETIRED, FORMER EMPLOYER NAME)			SCHOOL / OCCUPATION			MONTHLY GROSS INCOME	
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SIGN HERE	JOINT MEMBER SIGNATURE					DATE	
<input type="checkbox"/> CHECK HERE IF THERE ARE ADDITIONAL JOINT OWNERS							

SECTION 1

MASTER MEMBERSHIP APPLICATION/SIGNATURE CARD

MEMBERSHIP # _____

SECTION 1 (cont'd)	ACCOUNT OPTIONS
	Choose the account(s) you would like to open. For checking accounts, your debit card will be automatically mailed to you. <input type="checkbox"/> Savings Account <input type="checkbox"/> Advantage Checking <input type="checkbox"/> Other Savings _____ <input type="checkbox"/> Certificate term _____

SECTION 1 (cont'd)	MEMBERSHIP ELIGIBILITY	I AM ELIGIBLE TO JOIN SKYONE IN ONE OF THE FOLLOWING WAYS:
	<p>A \$5.00 minimum savings account deposit is required for each member.</p> <input type="checkbox"/> Employee of Select Employer Group (SEG) or Member of Associational Group (AG): Company/Association name _____ <input type="checkbox"/> Community Group (CG): <input type="checkbox"/> Live <input type="checkbox"/> Work/regularly conduct business <input type="checkbox"/> Worship <input type="checkbox"/> Attends School _____ In a qualified area around SkyOne Main Branch. <input type="checkbox"/> Immediate family or household member.: Member Name _____ Relationship _____ <input type="checkbox"/> I am a member of a Parent Teacher Association (PTA) in the state of CALIFORNIA, or agree to join one within 10 days of joining SkyOne. Name of school _____ _____ Subject to verification. SkyOne Federal Credit Union will reimburse your account \$10 one time, for one year of dues after 30 days of your account being open. I can decide on my own if I would like to renew my membership after the first year. I agree X _____ <input type="checkbox"/> I understand and agree that if I do not fall within the member eligibility groups, I agree to become a member of Friends of Madrona Marsh (FOMM) or Surfrider Foundation . SkyOne Federal Credit Union will pay for one years membership with either of these non-profit organizations on my behalf. I can decide on my own if I would like to renew my membership after the first year. <input type="checkbox"/> I agree. X _____ <input type="checkbox"/> All other Market Place Lenders through American Consumer Council (ACC). Member to pay the fee in the application fee. <p>USA PATRIOT Act: Federal law requires that we obtain, verify and record information that identifies each person who opens an account, including joint owners. Within this application, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Approval of your application may be delayed pending further verification of your identity.</p>	

SECTION 2	CONSENT TO CONTACT BY TELEPHONE AND/OR BY TEXT
	<p>Consent to Contact by Telephone and/or by Text: By signing this document below, I/we (primary account holder, and any joint owners referenced herein) agree that the Credit Union may from time to time make calls and/or send text messages to me/us at any telephone number(s) provided in this master membership application, including any mobile/cellular telephone numbers and/or numbers that are later converted to mobile/cellular telephone numbers, that may or may not result in data usage and/or charges to me/us. This is so the Credit Union can service and keep me informed about my membership, any and all of my/our account(s), any loans and transactions I/we have executed or may enter into with SkyOne, and/or to provide me/us with fraud, security breach, or identity theft alerts. I/We also agree that I/we may be contacted by the Credit Union service providers and/or any third party making such calls or sending such text messages on its behalf. The manner in which these calls or text messages may be made to me/us include, but are not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems. I/We understand that I/we am/are not required to provide consent as a condition to receiving the Credit Union's products or services. I/We may change the telephone number(s) provided at any time by contacting the Credit Union at 1-800-421-7111.</p> <p>By also initialing this paragraph below, I/we further authorize SkyOne to contact me/us as set forth above, by making calls and/or sending text messages to me/us at any telephone number(s) I/we have provided in this master membership application, through, but not limited to, the use of prerecorded/artificial voice messages and automatic telephone dialing systems, to offer products and services that might be of interest to me/us. I/We understand that I/we am/are not required to provide this additional consent as a condition to receiving the Credit Union's products or services. I understand that I may revoke this consent at any time by notifying the Credit Union in writing of my desire to revoke consent for marketing communications by mailing a letter to SkyOne Federal Credit Union, PO Box 5003 Hawthorne, CA 90251-9801, or by emailing us at memberservice@SkyOne.org.</p> <p>Primary Initials _____ Joint Initials _____ Joint Initials _____</p>

SECTION 3	PART 1	Taxpayer Identification Number (TIN)	TAX IDENTIFICATION NUMBER	EMPLOYER IDENTIFICATION NUMBER
	Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). For other entities, it is your employer identification number (EIN).			
SECTION 3	PART 2	Certification		
	<p>Under penalties of perjury, I certify that:</p> <p>(1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued), and</p> <p>(2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</p> <p>(3) I am a U.S. citizen or other U.S. person. For federal tax purposes, you are considered a U.S. person if you are: an individual who is a U.S. citizen or U.S. resident alien; a partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; an estate (other than a foreign estate); or a domestic trust (as defined in Regulations section 301.7701-7).</p> <p>(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</p> <p>Certification Instructions: Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Complete a W-8 BEN if you are not a U.S. person. If a W-8 BEN is completed, your signature does not serve to certify this section.</p> <p>Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____</p>			
SIGN HERE		Signature of U.S. person	Date	
<input type="checkbox"/> CHECK BOX IF NON-RESIDENT ALIEN AND DO NOT SIGN THE SIGNATURE LINE ABOVE. MUST COMPLETE A W-8BEN INSTEAD.				

SECTION 4	ACCOUNT AGREEMENT		
	<p>This membership application controls all accounts opened and listed in the account number section at the top of this form except Business Accounts. Individual Retirement Accounts (IRA) require an additional agreement to be executed. I/We understand that if I/we wish to open new accounts under terms and conditions other than those set forth herein, or with different ownership, I/we must execute a new Master Membership Application/Signature Card ("agreement"). I/We also understand that the terms and conditions set forth in any subsequently-executed agreement shall apply only to those account numbers listed in the new agreement.</p> <p>I/we authorize the credit union to obtain consumer credit reports for the purpose of evaluating this application. I/we authorize and instruct SkyOne FCU (SkyOne) to obtain my/our consumer credit report(s) from SkyOne's designated credit reporting agency(ies), to determine my/our eligibility for products or services, including in order to market to me/us. I/We understand that I/we may withdraw this instruction by contacting SkyOne's Member Contact Center. Upon my/our request, you will provide me/us with the name(s) and address(es) of the consumer reporting agency(ies) that furnished the report(s). I/We agree to conform to the Credit Union by-laws, the terms and conditions of the Account Agreement, All-In-One Account Disclosure, and the Schedule of Service Charges, receipt of which is hereby acknowledged and which is incorporated herein by this reference. I understand and agree that this membership application shall govern all accounts ("Accounts") opened whether now or in the future, under the account number set forth above. I/We hereby apply for membership and I/we authorize SkyOne Federal Credit Union to verify all the information supplied herein; and to verify my/our creditworthiness. All applicants must provide a valid identification including a state or U.S. Government issued photo ID. As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including joint owners and persons added as signatories to an account) and must maintain records of the information used to verify each person's identity.</p>		
PRIMARY MEMBER SIGNATURE:		DATE:	
JOINT MEMBER SIGNATURE:	DATE:	JOINT MEMBER SIGNATURE:	DATE:

FOR OFFICE USE ONLY		
REP #	OFFICE #	DATE