

MEMBERSHIP #	<input type="checkbox"/> New Membership <input type="checkbox"/> Account Change
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SECTION 1	BUSINESS INFORMATION				
	Business Name				
	Street Address		City	State	Zip
	Mailing Address		City	State	Zip
	Email Address		Business Phone #		Alternate Phone #
	Business Open Date		Business Industry		
	<p>Consent to Contact by Telephone and/or by Text: By signing this document below, I/we (responsible individual(s) and any authorized signers 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 business 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 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 business 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.</p>				
	_____ Responsible Individual Initials		_____ Auth. Signer Initials		_____ Auth. Signer Initials
	_____ Responsible Individual Initials		_____ Auth. Signer Initials		_____ Auth. Signer Initials

SECTION 2	MEMBERSHIP ELIGIBILITY		I am eligible to join SkyOne in one of the following ways:	
	A \$5.00 minimum savings account deposit is required for membership.			
	<input type="checkbox"/> Business is a chapter/unit/etc of Associational Group (AG). For non-profit organizations only. Association name: _____;			
	<input type="checkbox"/> Community Group (CG): The <input type="checkbox"/> business headquarters or <input type="checkbox"/> primary place of business is located in a qualified area around SkyOne Main Branch. ZIP Code _____;			
	<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. I agree to pay the one time fee of \$20 for FOMM (So. CA residents only) or \$25 for Surfrider Foundation (all other residents). <input type="checkbox"/> I agree _____			
<input type="checkbox"/> I am an existing member of SkyOne Federal Credit Union. My member number is: _____				
ACCOUNT OWNERSHIP				
<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> General/Limited Partnership		<input type="checkbox"/> Corporation
<input type="checkbox"/> Non-Profit Organization/Association		<input type="checkbox"/> Limited Liability Company		<input type="checkbox"/> Unincorporated Assoc. - Club/Organization

SECTION 3	ACCOUNT OPTIONS			
	Choose the account(s) you would like to open.			
	<input type="checkbox"/> Business Savings		<input type="checkbox"/> Business Checking	
	<input type="checkbox"/> Other _____			
	Resolution of Authority			
<p>The undersigned hereby certify(ies) that the following is a resolution that Business (as defined above), having full power and lawful authority to do so, has duly adopted and has not rescinded or modified, the following:</p> <p>Be it resolved that:</p>				
<p>1. The Business hereby applies for membership in SkyOne Federal Credit Union ("Credit Union") and by making this application, agrees to comply with Credit Union's Bylaws, Charter and Amendments, and to establish at least one (1) share (deposit). Business further agrees to abide by the terms and conditions set forth in the Credit Union's Member Account Agreement and Disclosure, the Fee Schedules, and other signature cards and account information and disclosures. The terms and conditions of the aforesaid documents are expressly incorporated herein and made a part hereof, and are agreed to by Business.</p>				
<p>2. The undersigned and the authorized signers on the account ("Authorized Signers") named below is/are hereby authorized in the name of and on behalf of the Business to (a) deposit, withdraw, and/or transfer funds on deposit at Credit Union, unless otherwise specified; (b) execute any document, including but not limited to, account applications and agreements, facsimile signature authorization agreements, wire transfer agreements, automated clearinghouse agreements, lock box and other cash management agreements, and payroll deposit agreements; and (c) take any action on behalf of Business to carry out the terms of these authorizations and the terms of the documents described herein. Credit Union is authorized to honor and pay all checks signed as provided herein, including those drawn to the order of any officer/principal or Authorized Signer on this account.</p>				
<p>3. Business authorizes Credit Union to check its credit history for any reason, including verification of the information on this application. Credit Union may, at its discretion, pay checks, drafts, and electronic transactions initiated by either Business or its Authorized Signers, that will overdraft Business' account.</p>				
<p>4. Business approves and ratifies any and all acts committed by Business or its Authorized Signers with regard to any accounts established with Credit Union. Business agrees with Credit Union that the terms of this Agreement, and the designated persons to act on behalf of the Business shall remain in full force and effect until Credit Union receives official notice, in writing, from Business of a revocation thereof, by resolution duly adopted by Business. This certification by Business as to the signatures of the undersigned shall be binding upon Business until Credit Union has actually received such notice in writing. Business further agrees that Credit Union is authorized to act pursuant to this resolution until it receives notice of a revocation, and that Credit Union shall be indemnified against any loss suffered, or any liability incurred by it, in the continuing to act, pursuant to this resolution, even though this resolution may have been changed.</p>				

MEMBERSHIP # _____

By signing below, the undersigned agrees to be and severally liable and responsible for any loss, damage, or charges incurred because of its use of the accounts at Credit Union, and further agrees that facsimile signatures will have the same legal force and effect as original signatures.

IN WITNESS WHEREOF, the undersigned having full power and authority to execute this Resolution of Authority on behalf of Business has signed this resolution this _____ day of _____, 20_____.

Print Name _____ Signature _____ Title _____

Authorized Signers on the Account:

Print Name _____ Signature _____

Print Name _____ Signature _____

Print Name _____ Signature _____

SECTION 3 (cont'd)

AUTHORIZED SIGNER(S)		<input type="checkbox"/> Add <input type="checkbox"/> Edit	<input type="checkbox"/> Order Debit Card
First Name	Last Name	Title	SS # or TAX ID #
Street Address		City	State Zip
Number of Years at Address	Previous Address (If less than 2 years at current address)		
<input type="checkbox"/> Rent <input type="checkbox"/> Own Free And Clear <input type="checkbox"/> Buying/Own With Mortgage <input type="checkbox"/> Live With Parents <input type="checkbox"/> Government Quarters <input type="checkbox"/> Other			
Home Phone #	Work Phone #	Cell Phone #	Date of Birth
Driver's LIC. State or Other ID#	State/Country	Date Issued	Expiration Date
<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			Mother's Maiden Name
Employer (If retired, former employer name)		Employment Duration	Occupation
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <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			
E-mail Address			
Print Authorized Signer Name		Authorized Signer Signature	Date

SECTION 4

AUTHORIZED SIGNER(S)		<input type="checkbox"/> Add <input type="checkbox"/> Edit	<input type="checkbox"/> Order Debit Card
First Name	Last Name	Title	SS # or TAX ID #
Street Address		City	State Zip
Number of Years at Address	Previous Address (If less than 2 years at current address)		
<input type="checkbox"/> Rent <input type="checkbox"/> Own Free And Clear <input type="checkbox"/> Buying/Own With Mortgage <input type="checkbox"/> Live With Parents <input type="checkbox"/> Government Quarters <input type="checkbox"/> Other			
Home Phone #	Work Phone #	Cell Phone #	Date of Birth
Driver's LIC. State or Other ID#	State/Country	Date Issued	Expiration Date
<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			Mother's Maiden Name
Employer (If retired, former employer name)		Employment Duration	Occupation
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <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			
E-mail Address			
Print Authorized Signer Name		Authorized Signer Signature	Date

MEMBERSHIP #

SECTION 4 (cont'd)	AUTHORIZED SIGNER(S)		<input type="checkbox"/> Add <input type="checkbox"/> Edit		<input type="checkbox"/> Order Debit Card		
	First Name	Last Name	Title		SS # or TAX ID #		
	Street Address		City		State	Zip	
	Number of Years at Address		Previous Address (If less than 2 years at current address)				
	<input type="checkbox"/> Rent <input type="checkbox"/> Own Free And Clear <input type="checkbox"/> Buying/Own With Mortgage <input type="checkbox"/> Live With Parents <input type="checkbox"/> Government Quarters <input type="checkbox"/> Other						
	Home Phone #		Work Phone #		Cell Phone #		Date of Birth
	Driver's LIC. State or Other ID#		State/Country		Date Issued		Expiration Date
	<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						Mother's Maiden Name
	Employer (If retired, former employer name)			Employment Duration		Occupation	
	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <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						
E-mail Address							
Print Authorized Signer Name		Authorized Signer Signature			Date		

SECTION 5	PART 1		TAXPAYER IDENTIFICATION NUMBER (TIN)			
	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).			Social Security Number		Employer Identification Number
	PART 2		CERTIFICATION			
Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 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 3. I am a U.S. citizen or other U.S. person. The FATCA code certification does not apply. Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.						
Sign Here		Signature of U.S. Person			Date	

SECTION 6	ACCOUNT AGREEMENT					
	All applicants must provide a valid state or U.S. Government-issued photo identification. As required by federal law, the Credit Union must verify the identity of each person seeking to open an account (including all owners and authorized signers) and must maintain records of the information used to verify each person's identity.					
	I/We agree to conform to the Credit Union Bylaws, the terms and conditions of the Membership Application and Agreements & Disclosures (Share Accounts, Truth in Savings, and Electronic Services). I/We hereby apply for membership and authorize SkyOne Federal Credit union to verify all the information supplied herein; and to verify my/our creditworthiness.					
Print Responsible Individual Name		Responsible Individual Signature			Date	

FOR CREDIT UNION USE ONLY			
Membership Channel	Date	Rep #	Office #