

Statement of Membership Eligibility

I, _____ Social Security No. _____
(Member Name) (Member Social Security No)

Account No. _____ certify I am a member of MCTFCU and do hereby
(Member Account No)

state that _____ is my _____
(Relative's Name) (Relative's Relationship)

I further understand that MCTFCU is relying on this statement to approve membership
for: _____.

(Relative's Name)

**IF THE STATEMENT IS FOUND TO BE FALSE, I UNDERSTAND THAT I COULD LOSE MY
MEMBERSHIP WITH MCTFCU AND/OR BE RESPONSIBLE FOR ANY AND ALL POSSIBLE
FINANCIAL LOSSES THE CREDIT UNION MAY SUFFER AS A RESULT OF MY STATEMENT.**

Signed: _____
(Member Signature)

Date: _____

Witness*: _____

Date: _____

*** THIS FORM MUST BE NOTARIZED IN NOT SIGNED IN PRESENCE OF MCTFCU OFFICIAL**