

# Verification of Membership Eligibility

I understand that it is necessary to verify my eligibility. Please accept the signature of the qualifying member below as certification that I am eligible for membership.

I am eligible for membership as the \_\_\_\_\_ of \_\_\_\_\_.  
Relationship Name of Qualifying Member

New Member Number \_\_\_\_\_ Qualifying Member Number \_\_\_\_\_

*I verify the information provided on this form is correct.*

Signature of New Member \_\_\_\_\_ Date \_\_\_\_\_

Signature of Qualifying Member \_\_\_\_\_ Date \_\_\_\_\_



*1st Nor Cal*  
1<sup>ST</sup> NORTHERN CALIFORNIA CREDIT UNION