



## Membership Request Form

**Would you like a Membership Application mailed to you?**

Please complete the following form and mail, email, fax or bring by the credit union:

**Lakeside Credit Union**

P. O. Box 418

Carl Hewitt Road

Fax: (931) 535-7286

jmilligan@lcu.coop or bstone@lcu.coop

### Request for Individual Membership

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Qualification for Membership

Employer: \_\_\_\_\_

Relationship: \_\_\_\_\_

Other: \_\_\_\_\_

**Please Note:**

The information used on this form will be entered on your actual account cards, which will then be sent to you for your signature. You will need to complete and sign the account cards and return them to the credit union with your opening deposit. Your account will become active once you sign and return the account cards with your deposit.

Your account will not automatically be opened by solely completing and submitting this form.