

Statement of Membership Eligibility

(To be completed if membership is based on relative relationship)

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 IF NOT SIGNED IN PRESENCE OF MCTFCU OFFICIAL**