



Membership Information  
Sheet: Switch Kit

## Community Credit Union

Primary/Joint

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_

Beneficiary \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

Beneficiary \_\_\_\_\_

Beneficiary Address \_\_\_\_\_

What brought you to the Credit Union? \_\_\_\_\_

Lived in CA for the last 5 years? Yes / No

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_