

Clarke Community Federal Credit Union

P.O. Box 367

Grove Hill, AL 36451

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**Application for Membership**

**\*(Please include \$30.00 for membership fee)**

Name \_\_\_\_\_

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

Physical Address (if different from mailing) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Place of Employment \_\_\_\_\_ Position \_\_\_\_\_

Joint (Name) \_\_\_\_\_

Beneficiary \_\_\_\_\_ Field of Membership \_\_\_\_\_

2 Forms of ID Required:

Driver's License Number \_\_\_\_\_ Other ID \_\_\_\_\_

A Credit Report will be submitted to meet the ID requirements.

**To The Payroll Clerk:**

**Please deduct \$ \_\_\_\_\_ from my payroll check, payable to the Clarke Community Federal Credit Union.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*This membership fee includes \$5.00 for your share and \$25.00 for the joining fee.\***

