



NEW YORK EPISCOPAL
FEDERAL CREDIT UNION

Intent to Become a Member

Thank you for your interest in becoming a member of the New York Episcopal Federal Credit Union. We look forward to welcoming you into the NYEFCU family!

Primary Account Owner

Print Full Name: _____

Full Address: (Street number and name, city, state and zip code)

Mobile Phone Number: _____

Other Phone Number: _____

Email Address: _____

Preferred Method of Contact: please circle one

Mobile Other Phone Number Email Text

I am eligible for membership because (choose one): *

- I am a member, student, or employee of the Episcopal Diocese of New York, including churches, schools, and recognized charitable organizations under the management, control, or sponsorship of the diocese or its parishes.
- I am a member of NYE Credit Union Friends in The Bronx, New York, an association whose members all meet the low-income definition required by the Credit Union.
- I am the spouse of a person who died within the field of membership of this credit union. I am an employee of this credit union
- I am a volunteer; or
- This a corporate or other legal entity within this charter

By providing the information in this transmittal, I/we want to become member(s) of the New York Episcopal Federal Credit Union.

Signed _____ Date _____

Joint Owner (Optional)

Print Full Name: _____

Full Address: (Street number and name, city, state and zip code)

Mobile Phone Number: _____

Other Phone Number: _____

Email Address: _____

Preferred Method of Contact: please circle one

Mobile Other Phone Number Email Text

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