



# Scientific Research Partners

C R E D I T U N I O N

425 Volker Boulevard  
Kansas City, Missouri 64110  
(816) 753-7600

If you return this application by mail, a copy of your Driver's License must be included.

## Membership Application

For Office Use Only

Member Account No. \_\_\_\_\_

My eligibility for membership is based upon: (Please check one)

<input type="checkbox"/> MRIGlobal and Affiliates	<input type="checkbox"/> Family Member	<input type="checkbox"/> Geographic Area
MRIGlobal/Affiliate Name	Name of family member	Work Zip Code
Payroll Frequency	Relationship to you	Home Zip Code

Have you been a Member before? Under what name?  Yes  No

I am able to view the Credit Union's Truth and Savings disclosure by one of the following methods: CD Rom  Paper  Website

### Applicant

Name (Print):

Address:

City:

State Zip

Date of Birth:

Home Phone: ( )

Email Address:

Driver's License No.:

Mother's Maiden Name:

SSN (or Tax ID No.):

Employer:

Employer Address:

Business Phone: ( )

By signing below, I (we) agree to all terms listed below:

X  
Applicant's Signature Date

X  
Joint Applicant's Signature Date

### Joint Applicant

Name (Print):

Address:

City:

State Zip

Date of Birth:

Home Phone: ( )

Email Address:

Driver's License No.:

Mother's Maiden Name:

SSN (or Tax ID No.):

Employer:

Employer Address:

Business Phone: ( )

### Payable on Death Beneficiary

Name of Beneficiary (Print):

Phone: ( )

City State

### Account Type

Split your total deposit among services below.

Sharing Savings

\$

Free Checking

\$

Christmas Club

\$

Vacation Club

\$

Youth Savings

\$

Other:

\$

Payroll Deduction Total Amount \$

Direct Deposit

TO: Checking  Other

### Membership Agreement

**Authorization.** By signing this form you authorize the Credit Union to request information to verify your identity. By signing this form, I (we) agree to the terms and conditions of the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule. Funds Availability Policy Disclosure, if applicable, and to any amendment the Credit Union makes from time to time which are incorporated herein. I (we) have received and read the Agreement and Disclosures applicable to the accounts and services requester herein. If an access card or EFT service is requested and provided, I (we) agree to the terms of and acknowledge receipt of the Electronic Funds Transfer Agreement. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding. **Certification as to taxpayer ID number and backup withholding.** By signing this form, I (we) certify, in accordance with the IRS W-9 instructions provided by the Credit Union and under penalties of perjury, that the Social Security Number (SSN)/Taxpayer ID Number (TIN) shown in my/the correct ID number and that I am NOT subject to backup withholdings because I have not been notified that I am as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding. I am a United States person (including a U.S. Resident alien). ■