Hometown Financial

Membership Application

Membership Information

☐ I am an employee or member of a select employee group.

Employer or Association Name: **Select One**

Personal Information

Primary Applicant

Name

Address: City: State: **Select One** Zip:

Home Phone: Cell Phone: Work Phone:

Date of Birth: SS#: ***Email Address:**

Joint Applicant

Name

Address: City: State: **Select One** Zip:

Home Phone: Cell Phone: Work Phone:

Date of Birth: SS#: ***Email Address:**

Please list your email address if you would like to enroll in eStatements.

Primary Applicant Signature

Joint Applicant Signature

Account Type

Select One Card Type:

- ◯ Visa Platinum Credit Card*
- ◯ Visa Debit Card
- ☐ For Joint Owner

Select Suffix:

- ☐ Share Savings
- ☐ Checking
- ☐ Money Market

*Subject to Approval. Annual Fee:

Current Promotional Rate (6 month CD):

For Financial Institution Use Only

Information Verified By:

Member Service Representative Approved Date Approved Time:

Thank you for choosing Hometown Financial for your personal banking needs. We assure you that your personal and financial information will remain confidential. In order to access information about your account or additional services, please contact us at 1 (800) 123-4567. You may also email help@hometownfinancial.com.