HOTEL AND TRAVEL INDUSTRY FEDERAL CREDIT UNION
MEMBERSHIP ENROLLMENT APPLICATION

Membership Type: ☐ Regular Share ☐ Keiki Share
☐ Corporate Share ☐ Other _____

Section 1 – for Primary Member

Name:		Gender: O Male O Female
Mailing Address: (street, city, state & zip)		
Resident Address: (street, city, state & zip)		
Social Security #:	Date of Birth:	
Home Phone:	Work Phone:	
Mothers Maiden Name:		FOM:
Employer:		Department:
Family Member Name		Account #:

Demographic Information

Marital Status	O Single	O Married	O Divorced	O Widowed
Vehicles:	O Own	O Financed	O Leased	
Year	Make		Model	
Housing:	O Own	O Rent	O Family	O Other

Section 2 – for Joint Owner

Name:		Gender: O Male O Female
Mailing Address: (street, city, state & zip)		
Resident Address: (street, city, state & zip)		
Social Security #:	Date of Birth:	
Home Phone:	Work Phone:	
Mothers Maiden Name:		FOM:
Employer:		Department:
If you are a member, what is your account #:		

I / We certify that everything stated in this application is correct to the best of my / our knowledge. The Credit Union is authorized to verify employment and / or membership eligibility.

_____

Primary Applicant's Signature Date

_____

Joint Owner Signature Date