



Membership Authorization For Family Member

I, _____
(Print Name) (Member Number)

Certify that the person named below is eligible for membership at First City Credit Union because he/she is a member of my immediate family as defined in article XVIII, Section 2(A) of the credit union bylaws.

“Members of their immediate families” includes any relative by blood or marriage, of foster and adopted children, or a domestic partner of a credit union member who is or was an employee of the employer(s) specified in the field of membership of this credit union regardless of their current place of residence.

(Name of Person Requesting Membership) (Relationship to CU Member)

(Signature of CU Member) (Date)