



Application for Membership

Name: Last First Middle Initial			Date of Birth: (mm/dd/yy)
Street Address:			Home Phone:
Mailing Address:			Cell Phone:
City:	State:	Zip Code:	Email Address:

Are you currently a member of La Capitol Federal Credit Union?

Yes____ No____

Is there a specific reason you are joining this association?

Yes____ No____

If so, what is that reason?

Are you looking for any specific financial education topics provided by the association?

Yes____ No____

If so, what topics?

ACHIEVE ENROLLMENT FORM

Please accept this as enrollment into the ACHIEVE program. I give permission for La Capitol Federal Credit Union to forward my application information for membership to ACHIEVE. I also give permission for La Capitol Federal Credit Union to deduct \$5.00 from my account for the current annual dues to join ACHIEVE.

SIGNATURE:_____DATE:_____

ACCOUNT NUMBER:_____SUFFIX:_____