



Request for Membership Information Change

Please complete the entire form. Thank you! **PRINT CLEARLY**

Membership Number: _____ Date: _____

Name : _____ (as it appears on your SS Card)

SSN#: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone : _____ Email: _____

Have you ever been in our database under a different name, membership number or address? If so, please list that information here: _____

Co-Owner: _____ Relationship to Owner: _____
(Beneficiary)

Address: _____

City: _____ State: _____ Zip: _____

Telephone : _____ Email: _____

Member Signature: _____ Employee Signature: _____

SSN# is needed by the Co-op and IRS in order for us to process interest checks. Please refer to IRS Code Section 3406 (b) for more information. Only members with SSN#s on file will receive interest payments. Also, it's a good idea to have a co-owner/beneficiary on your account. If you need to change the primary owner or co-owner on your account, please e-mail us, call, snail mail or stop by the Customer Service Office to discuss the process for implementing the change.