



INFORMATION WORKSHEET

Name: _____

Driver's License # or State ID# : _____

Social Security: _____

Birthdate: _____

Address: _____

Phone:

Home _____ Work _____

Cell _____

Previous Address: (If less than 5 Years at
 current address) _____

Email Address: _____

Mother's Maiden Name: _____

Employer: _____

Hire Date: _____

Reason for Eligibility of Membership

- City of Spokane Fire Dept.
- Spokane Valley Fire Dept.

Relationship to original member _____

Account Types:

- Share / Savings
- Share / Draft
- Share Certificate
- IRA
- IRA Share Certificate

Account Services:

- Payroll Deduction / Direct Deposit
- ATM / Debit Card
- VISA Credit Card
- E-Statements
- On-line Bill Payment
- Order Checks
- CU*Courtesy Pay / ODP

Account Ownership Information

Individual Account

UTTMA “as custodian for _____ (name of minor)
Under Washington Uniform Transfers to Minors Act

Joint Account with Right of Survivorship

1st Joint Owner: _____	Driver’s License Number: _____
Social Security: _____	Birthdate: _____
Address: _____	Phone: _____
_____	Home _____ Work _____
_____	Mother’s Maiden Name: _____
_____	Employer: _____
2nd Joint Owner: _____	Driver’s License Number: _____
Social Security: _____	Birthdate: _____
Address: _____	Phone: _____
_____	Home _____ Work _____
_____	Mother’s Maiden Name: _____
_____	Employer: _____

POD (Payable on Death) Beneficiary Designation

Beneficiary:
Name: _____

All Accounts

Address: _____

Specific Account(s)

City, State, Zip: _____

Phone: _____