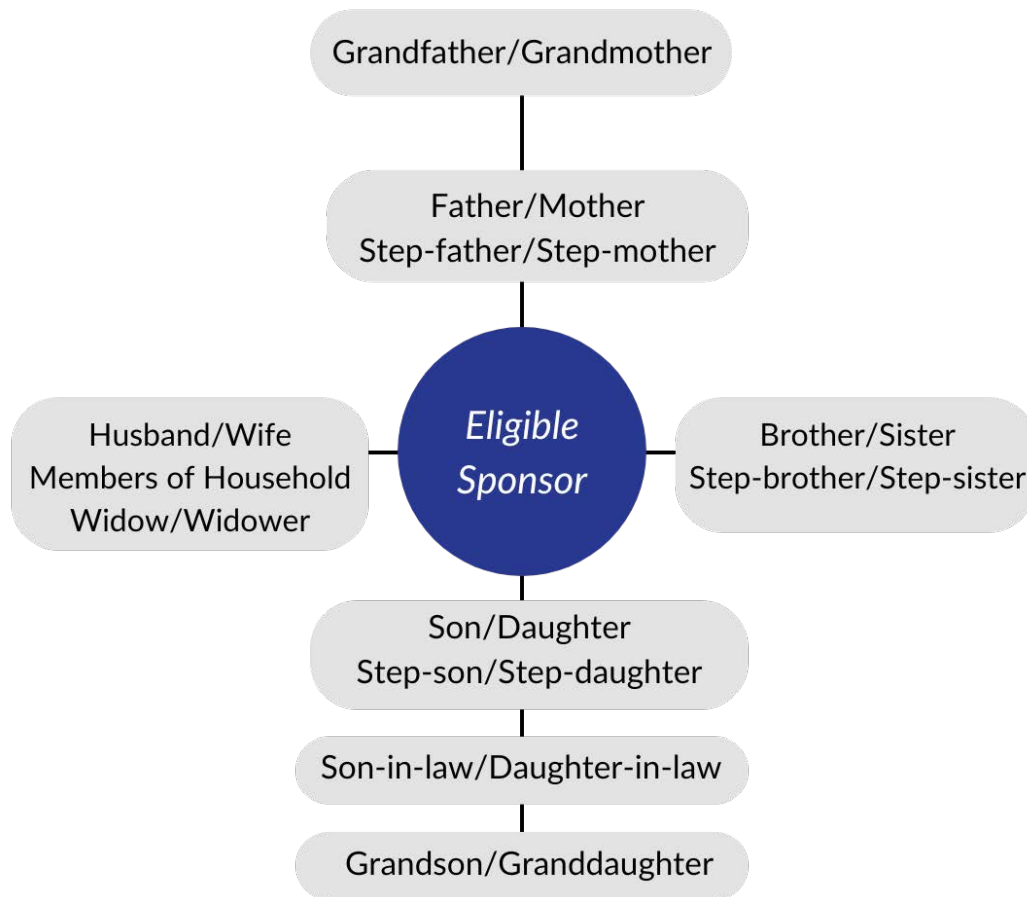


Membership Eligibility



Eligible sponsors may be active, retired, or deceased* employees of any approved Select Employee Groups, or dues-paying members of approved organizations. By sponsoring your family members you give them access to the same great products, services, and promotions that you enjoy as a member of the Credit Union. As with all new accounts there is a \$10.00 share requirement.

*Limitations apply to deceased eligible sponsors.

Rev 12/24

NATIONAL POLICE



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info@nationalpolicefcu.com

Family Membership Eligibility Verification Form

National Police Federal Credit Union has been serving Police Officers and their immediate family members since 1938. Due to the unique characteristics of a credit union, it is imperative that eligibility for membership be verified. The purpose of this form is to have a primary member of the credit union sign as "sponsor" for members of the immediate family or household. A full-time or retired employee of one of our eligible employer groups must complete and sign the eligibility statement below.

Eligibility Statement

Eligible family members are: husband, wife, father, mother, son, daughter, brother, sister, grandfather, grandmother, grandson, and granddaughter. Spouses of a direct family member are eligible members, but families of that spouse are not eligible family members. An example is a police officer's daughter's husband (son-in-law) is an eligible member, but not his family. Members of household are persons living in the same residence maintaining a single economic unit.

Eligible Sponsor Information

| | |
|------------------------|--|
| Name _____ | Relation to Applicant _____ |
| Address _____ | City, State & Zip _____ |
| Home Telephone # _____ | Work Telephone # _____ |
| Cell # _____ | Email Address: _____ Would you like to receive promotional emails and content (i.e.: Constant Contact messages)? Yes No |

Applicant Information

| | |
|------------------------|--|
| Name _____ | Relation to Eligible Sponsor _____ |
| Address _____ | City, State & Zip _____ |
| Home Telephone # _____ | Work Telephone # _____ |
| Cell # _____ | Email Address: _____ Would you like to receive promotional emails and content (i.e.: Constant Contact messages)? Yes No |

Important, please read:

By signing below, I agree that the above applicant is one of my immediate family members or member of household and that any false misleading statement made by me on this document, authorizes the National Police Federal Credit Union to revoke all my credit union benefits, including closing of all accounts.

A copy of a valid driver's license or state identification card of the eligible sponsor must accompany this signed statement. This completed form can be returned via fax at 312-726-5349 or via email at info@nationalpolicefcu.com.

Signature _____
Eligible Sponsor

Date _____

FOR CREDIT UNION USE ONLY

Processed By Teller # and Initials: _____ / _____ Date Processed: _____