



NY TEAM Federal Credit Union
 65 Broadway
 Hicksville, NY 11801
 (516) 822-1070
 Fax: (516) 822-2478

Family Certification Form

www.nyteamfcu.org

Account #: _____

Teller #: _____

Date: _____

Family Certification

The application below must be completed and certified by a member of NY TEAM Federal Credit Union before the referred family member's membership can be accepted.

Member Name: _____ Employer: _____

Member Number: _____

Relationship

Immediate Family is only considered as a Spouse/Domestic partner, parents, grandparents, children, grandchildren, stepchildren & siblings.

- | | | |
|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Grandparent | <input type="checkbox"/> Stepchild |
| <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Child | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Grandchild | |

Referred Family Member's Information

Family Member's Name: _____

Family Member's Address: _____

- Please mail my family member a new membership application packet to the address listed above.

Member Authorization

By signing below I am consenting all the information stated above is true. If this information is not correct the membership application will be denied.

 Primary Signature

 Date

This form can be attached with the referred member's application or sent/mailed/faxed directly to the credit union.