

Account Number

(To be filled in by Credit Union)

By signing on the reverse side, I hereby make application for membership in and agree to conform to the By-Laws or any amendments thereof in the

NLRB FEDERAL CREDIT UNION

Street Address _____ Soc. Sec. No. or Tax Ident. No. _____

City and State _____ Zip Code _____ Home Phone _____

Date of Birth _____ Business Telephone _____

Employer _____ Room No. _____

Membership Eligibility _____

Primary Member _____

Date: _____ Membership Officer _____

(TO SIGNER: If you have been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding due to payee underreporting and you have not received a notice from the IRS that the backup withholding has terminated, you must strike out the language in clause 2 of the certification you sign below.)

CERTIFICATION AS TO TAXPAYER IDENTIFICATION NUMBER AND BACKUP WITHHOLDING

Under penalties of perjury, I certify (1) that the number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, OR the IRS has notified me that I am no longer subject to backup withholding.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature _____ Date _____

Please Print Name: _____