Instructions for Completing Your Qualstar Union Benefit/Membership Form:

1. Open the PDF, complete all fields on your computer or device, and print the completed form with fields included
2. Or, print the PDF with blank fields, complete all fields in writing (please write clearly, in ink)
3. Ensure you have signed and dated the form in ink at the bottom
4. Mail the form to: Qualstar CU, PO Box 3050 Bothell, WA 98041-3050

***Please Note: Do not send the completed PDF via unsecure email.**
The information you are providing is of a personal nature, and regular email (e.g. Yahoo, Gmail, Comcast, Outlook, etc.) is not a secure channel that can protect it from reaching an unauthorized recipient.

If you would prefer to complete this form online, visit www.qualstarcu.com/unionmembers.
Your form will be sent electronically, via a secure channel.

Questions? Please contact us at **1-800-848-0018**

Union Membership Application

(Credit Union use) Account #:

ALL FIELDS ARE REQUIRED – PLEASE PRINT CLEARLY

Union Name: Bricklayers - OR/E. WA/S.W. WA (QC

(Choose one from the drop-down list)

Complete and give to your union representative, or mail to: Qualstar CU, PO Box 3050 Bothell, WA 98041-3050

First Name _____ Middle _____ Last _____ Suffix _____

Date of Birth _____ Social Security Number _____

Street/Physical Address _____ City _____

State _____ Zip _____ Union Local # _____

Mailing Address (if different) _____ City _____

State _____ Zip _____ Email _____

Primary Phone (_____) _____ Choose Type: ☐ Mobile ☐ Home ☐ Work

Secondary Phone (_____) _____ Choose Type: ☐ Mobile ☐ Home ☐ Work

Occupation _____ Employer _____

Mother's Maiden Name _____ Valid Photo ID/Driver's License Number _____

State Issued _____ Issue Date _____ Exp. Date _____

Security Code Word _____ (PLEASE CHOOSE CAREFULLY; this will be required when you call or come in.)

Security Code Word Hint _____

(If you forget your Code Word, we will provide this hint to remind you. - e.g. if your Code Word is "Evergreen" a hint could be "WA state nickname")

Member Initials: _____ By initialing, you authorize Qualstar Credit Union to send text messages to the mobile number provided. Texts may include service-related messages about your account as well as occasional marketing or promotional messages. Because these messages may come from the same phone number, replying STOP may stop both service and marketing texts from Qualstar. Consent to receive marketing texts is not required as a condition of membership, account opening, or receiving any product or service. Message frequency may vary. Message and data rates may apply.

If you would like to add a **Joint Owner*** to your account, please complete the information below. All information and the Joint Owner's signature are required in order for them to be added.

First Name _____ Middle _____ Last _____ Suffix _____

Date of Birth _____ Social Security Number _____

Street/Physical Address _____ City _____

State _____ Zip _____ Email _____

Primary Phone (_____) _____ Choose Type: ☐ Mobile ☐ Home ☐ Work

Secondary Phone (_____) _____ Choose Type: ☐ Mobile ☐ Home ☐ Work

Occupation _____ Employer _____

Mother's Maiden Name _____ Valid Photo ID/Driver's License Number _____

State Issued _____ Issue Date _____ Exp. Date _____

*Joint Account Owner will have an interest in all services provided under this account.

Apply Online!

Scan the code below:

Additional Services

☐ **YES**, I'd like to upgrade to a Simply Checking and order a **Visa® Debit Card** for more access.

☐ **YES**, I'd like to receive a text alert when my Union Benefit deposit has been received.

Please indicate other products or services you are interested in, and we will contact you with more information:

- ☐ Auto Loans
- ☐ Credit Cards
- ☐ Loan Review
- ☐ Real Estate Loans
- ☐ Debt Consolidation
- ☐ Saving Options
- ☐ Youth Accounts

Payable on Death (POD) Beneficiary (not applicable on IRA accounts): Beneficiary: _____ Relationship: _____

Authorization: I/we acknowledge receipt of and agree to be bound by the Membership and Account Agreement, Truth-in-Savings Rate and Fee Schedule, and Funds Availability Policy Disclosure, as applicable, including future amendments, available at www.qualstarcu.com/about-us. If a debit card or electronic funds transfer (EFT) service is provided, I/we agree to the Electronic Funds Transfer Agreement. Qualstar Credit Union may obtain consumer credit reports, verify employment history, and respond to credit inquiries for purposes related to account opening, account maintenance, loan requests, and evaluation of eligibility for additional credit products or services, as permitted by law. Unclaimed funds may be transferred under Washington State unclaimed property laws or returned to the applicable union benefit trust, as permitted.
By signing, I certify, that I am a U.S. citizen or other U.S. person, the SSN/TIN provided is correct, and I am not subject to backup withholding unless designated below.

Consent is given for Qualstar Credit Union and its service providers to contact me at any telephone number provided, including mobile numbers, for account servicing and administration using calls, texts, prere-corded or artificial voice messages, or automated dialing systems. By submitting this application, you authorize Qualstar CU to obtain your credit report for the purpose of opening your account.. All authorizations remain in effect until revoked by written or other reasonable notice.

☐ Subject to backup withholding (W-8BEN required) ☐ Not subject to backup withholding ☐ Not a U.S. citizen or U.S. person

Signature of Primary Member _____ Date _____

Signature of Joint Account Owner _____ Date _____