

MEMBERSHIP AFFIDAVIT

Thank you for referring a new member to The Coca-Cola Company Family Federal Credit Union. We require confirmation of eligibility for membership in order to complete the membership request. Please complete and return this form within 10 days of receipt of this letter so that we may begin to serve our new member. Find enclosed a return-addressed envelope.

CURRENT ACCOUNT INFORMATION	MEMBER NUMBER:
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I, being of legal age and sound mind, do declare that, on my personal knowledge, this statement is true.

New or Referred New Member Name _____

Address _____

City/State/Zip _____

Phone Number(s) (_____) _____ (_____) _____
Day phone # Other Phone #

SPONSOR INFORMATION

I am sponsoring the above referenced individual to membership in The Coca-Cola Company Family Federal Credit Union, who is eligible for membership as follows (check one that applies):

Immediate Family

Defined as a spouse, child, sibling, parent, grandparent, stepparent, stepchild, or stepsibling, and also includes any of those relationships when created by a legal adoption.

Single Economic Unit Household Member

Defined as a person living in the same residence maintaining a single economic unit. This would include, for example, domestic or same-sex partners of existing member of The Coca-Cola Company Family Credit Union.

Notice: "Household" members eligible for membership must show proof of maintaining a single economic unit, such as a state issued certificate, a joint mortgage, or other joint financial accounts.

AUTHORIZATION

Signed under the penalty of perjury on the _____ of _____, 20____.

Day Month Year

Signature of Sponsor Daytime Phone Number

(witness by Notary required if not signed in presence of credit union personnel)

Sponsor Name _____

Address _____
Street City State Zip

On _____, 20____, above signatory personally came before me and being duly sworn, did state that he/she is the person described in the above document and that he/she signed the above document in my presence.

(Notary Signature)

County of _____

State of _____

My commission expires: _____

Credit Union Representative Witness Signature

THE COCA-COLA COMPANY FAMILY FEDERAL CREDIT UNION USE ONLY	
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Date Mailed to Sponsor _____ Date Received from Sponsor _____
 Upon receipt of form, attach to member application.

Action Taken/Notes: _____

Date