



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

## Family Certification Form

[www.nyteamfcu.org](http://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.