



# Membership Application

Please complete the information below.  
 Check off the appropriate membership and dues boxes, sign, and date the application.  
 Return application using the attached postage paid envelope.

## Member Information

First Name (PRINT)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Middle	Last Name	
Address		City	State	Zip
Home Phone ( )	Mobile Phone ( )		E-mail Address	

## Membership Dues (Check One)

I would like to pay my first year's non-refundable membership dues in cash/check. My dues of \$5 are enclosed.

## Annual Dues Renewal (Check One)

Yes, automatically renew my membership with Clear Giving Charitable Association by transferring my dues of \$5 from my Clearpath FCU Account# \_\_\_\_\_  Savings  Checking  Money Market  
 (Discontinue automatic renewal to Clear Giving Charitable Association anytime by notifying us in writing.)

No, do not renew my dues annually  
 (Membership renewal in Clear Giving Charitable Association is not requested to maintain Clearpath FCU membership)

## Donations

If you would like to make **an additional** donation to Clear Giving Charitable Association, please indicate the amount and the method of donation below.

Enclosed is my donation of \$\_\_\_\_\_

Transfer \$\_\_\_\_\_ from my Clearpath FCU account# \_\_\_\_\_  Savings  Checking

I understand copies of the Clear Giving Charitable Association Articles of Association and By-Laws are available upon request.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### This Section For Clear Giving Use Only:

Rep. accepting app# _____	Posted to Clear Giving Account by teller#: _____	Posted to Roster _____
Opening Date _____	Recurring Share Transfer Setup (if applicable) _____	Receipt & Membership Card Sent _____