



STATEMENT OF MEMBERSHIP ELIGIBILITY

I, _____ Social Security No. _____
(Member Name) (Member Social Security)

Account No. _____ certify I am a member of SUN Credit Union and do
(Member Account Number)

hereby state that _____ is my _____
(Relative's Name) (Relative's Relationship)

I further understand that SUN Credit Union is relying on this statement to approve membership
for: _____
(Relative's Name)

**IF THE STATEMENT IS FOUND TO BE FALSE, I UNDERSTAND THAT I COULD LOSE MY
MEMBERSHIP WITH SUN CREDIT UNION AND/OR BE RESPONSIBLE FOR ANY AND ALL
POSSIBLE FINANCIAL LOSSES THE CREDIT UNION MAY SUFFER AS A RESULT OF MY
STATEMENT.**

Signed: _____
(Member Signature)

Date: _____

Witness*: _____

Date: _____

***THIS MUST BE NOTARIZED IF NOT SIGNED IN PRESENCE OF SUN CREDIT UNION OFFICIAL**