

**MEMBER INFORMATION**

Primary Member Name: \_\_\_\_\_

Joint Member Name: \_\_\_\_\_

Member Number(s): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Membership:  Single Member  Joint  Minor  Other: \_\_\_\_\_

**NEW ADDRESS**

Mail  Residential  Seasonal Address: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_\_\_ Street

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code

**AUTHORIZATION**

\_\_\_\_\_ Member Signature \_\_\_\_\_ Date

\_\_\_\_\_ Joint Member Signature \_\_\_\_\_ Date

<b>INTERNAL USE ONLY</b>		
Received: <input type="checkbox"/> Mail/Fax/Other	If In person: <input type="checkbox"/> ID Verified: _____	By: _____
<input type="checkbox"/> XP2	Date Changed: _____	Teller Number: _____
<input type="checkbox"/> Removed "Bad address" alert/stop	Date Changed: _____	Teller Number: _____
<input type="checkbox"/> Individual alert/stop <input type="checkbox"/> Membership alert/stop		
<input type="checkbox"/> Change Microfiche to "Primary Address"	Date Changed: _____	Teller Number: _____
<input type="checkbox"/> Online Banking/Bill Payer	Date Changed _____	Teller Number: _____
<input type="checkbox"/> If member has VISA credit card send an email to <b>loans@rtn.org</b>		
<input type="checkbox"/> UPLOAD FORM TO N DRIVE: FIRST NAME LAST NAME DATE		