



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.*

- Spouse
- Grandparent
- Stepchild
- Domestic Partner
- Child
- Sibling
- Parent
- 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.