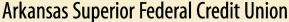


Discover What the Credit Union Difference Can Mean for You and Your Family at





You Can Join ASFCU Today!

It's a five minute investment in your financial future.

The information you provide is the first step to credit union membership, and access to lower cost loans and higher dividends on savings. Plus, once you're a member, you are always a member...even if you retire, change jobs or move from one state to another.

Complete Sections 1 through 4 and we can start to build your file. If you'd like a joint owner to have access to your account, complete Section 5 (on other side).

			IΞM	

As the Primary Member, you open the world of credit union membership to your spouse and your immediate family.

ITY:	STATE/ZIP:
MAILING ADDRESS:	
(ip c	different from home address)
ITY:	STATE/ZIP:
HOME PHONE:	WORK PHONE:
S NUMBER:	DATE OF BIRTH:
RIVERS LICENSE NUMBER/	STATE:
OL ISSUE DATE:	

Please complete Section 2 so we can verify that you qualify for membership at Arkansas Superior Federal Credit Union. This could be your place of employment or a family member that is sponsoring you for membership.

2. ELIGIBILITY FOR MEMBERSHIP:

Section 3 will be used for security purposes only. The information you provide will be held in strictest confidence.

3. MOTHER'S MAIDEN NAME:

FOR CREDIT UNION USE ONLY	INITIALS
[] Driver's License Information	
[] Certegy [] Other	

Make sure you've completed all of this form. Place it in an envelope and mail it back to the credit union branch in your area.

Arkansas Superior Federal Credit Union

Warren Branch 313 South Martin Warren, AR 71671 **Monticello Branch** 1090 Old Warren Road Monticello, AR 71655





Section 4 identifies the family member(s) that will serve as your beneficiaries
You must have at least one beneficiary.

4. BENEFICIARY NAME	BENEFICIARY NAME:				
STREET:					
	R WITH PRIMARY MEMBER				
	applies to all Savings Accounts)				
5. JOINT OWNER NAM	E:				
	STATE/ZIP:				
MAILING ADDRESS:					
	(if different from home address)				
CITY:	STATE/ZIP:				
HOME PHONE:	WORK PHONE:				
SS NUMBER:	DATE OF BIRTH:				
DRIVERS LICENSE N	UMBER/STATE:				
DL ISSUE DATE:					
DL EXPIRATION DAT	E:				

APPLICATION AND CERTIFICATION RULES

By signing below, I certify, in accordance with the IRS W-9 instructions and under penalties of perjury, that the Social Security number shown is my correct identification number; I am NOT, unless designated below, subject to backup withholding as a result of a failure to report all dividends or interest, or because the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen. By signing below, I/we agree to the terms and conditions of the Membership and Account Agreement, and to any amendment the Credit Union makes from time to time which are incorporated herein.

You're ready to join. Just read the Application and Certification Rules and sign on the Primary Account Holder line, with the date.

[] I am subject to backup withholding

MOTHER'S MAIDEN NAME:

Primary Account Holder Signature	Date
Joint Account Holder Signature	Date

SIGN UP FOR PAYROLL DEDUCTION

Take the next step to the ultimate in convenience.

Payroll deduction offers our members the convenience of never making a trip to the credit union. You may elect to deposit as little or as much of your paycheck as you choose. It's up to you! All we need to open your account is \$5

l am paid [] Weekly [] Semi-Monthly [] Monthly

[] Yes. I would like to start payroll deduction to open my account.

I authorize you to deduct \$ ______ per pay period to be deposited into my Credit Union savings account. Your payroll deduction can be changed later to meet your needs.

Date

Signature