

Yes, I would like to participate in L.A. Connection.

Name _____ Social Security # _____
First Middle Last

Address _____ Tel. No. (Work) _____
Street City State Zip
(Home) _____

Credit Union Identifier **034** P.I.N. _____
Choose a 4-digit number

Your Share Account Number _____

I/We have read and will conform to the conditions in the L.A. Connection member agreement provided separately to me/us by the credit union.

Signature _____ Date _____

Signature _____ Date _____