



PO Box 318072  
Cleveland, OH 44131-8072  
216.739.2300 Telephone  
800.828.6446 Toll Free  
216.739.1000 Fax  
www.taleriscu.org

**ATTENTION: MEMBERSHIP OFFICERS**

**RE: APPLICATION FOR MEMBERSHIP**

This letter will introduce \_\_\_\_\_  
who is a member of my immediate family and therefore qualifies for family membership in the  
TALERIS CREDIT UNION, INC.

The purpose of this letter is to verify not only the identity of such person, but also to indicate  
the relationship which he/she has to me. I certify that he/she is my *(please indicate family  
relationship ie: mother, father, brother, sister, spouse, daughter, son, niece, nephew, grandchild,  
in-law, or cousin)* \_\_\_\_\_

I understand that he/she may forfeit membership if this information is not valid.

Very truly yours,

\_\_\_\_\_  
(Signature)

Account Number \_\_\_\_\_

Accepted: \_\_\_\_\_

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_