



2711 Commercial Way
 P.O. Box 1085 Montrose, CO 81402
 Phone (970) 249-8813
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www.nuvista.org

MEMBERSHIP APPLICATION

Account Type:

Savings (Required)

Checking

Member Number (If Applicable)

MEMBER INFORMATION					
Primary Member			Joint Member		
Name (Last, First, Middle, include Jr/Sr. if applicable)			Name (Last, First, Middle, include Jr/Sr. if applicable)		
Current Address (Street, City, State, Zip)			Current Address (Street, City, State, Zip)		
Mailing Address (Street, City, State, Zip)- If Different From Above			Mailing Address (Street, City, State, Zip)- If Different From Above		
Home Phone Number	Cell Phone Number	Social Security Number	Home Phone Number	Cell Phone Number	Social Security Number
Driver's License Number and State	Date of Birth		Driver's License Number and State	Date of Birth	
Email Address			Email Address		
Employer	Occupation		Employer	Occupation	

ACCOUNT INFORMATION	
How would you like to fund your new membership (if applicable)? In Person Provide Debit/Credit Card Info Via Phone	If applying for a checking account, would you like us to order: Debit Card Checks
Would you like overdraft protection*? Yes No <small>*Eligibility after 60 days</small>	If applying for a debit card, would you like to select your own PIN? Yes No
Would you like to add ID Theft Recovery Protection? \$2/month fee applies and will be deducted directly from your checking account. Yes No	Are you interested in hearing more about: NuVista Vista Credit Card? Rates start at 7.9% APR* with a \$0 balance transfer fee. Yes No <small>*APR=Annual Percentage Rate</small> Auto Loans? Rates start at 3.29% APR Yes No Personal Line of Credit? Yes No Mortgages? Yes No
What prompted you to join NuVista or open an additional account?	
Once membership is approved, you will receive a member agreement, disclosures, and a signature card. These items will be delivered electronically.	

THANK YOU FOR YOUR MEMBERSHIP!

CU Use Only: Processed By _____ Member Number _____ Funding Received Y ___ N ___