



# DCU/Tower Hill Botanical Garden Membership Application Checklist

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To speed up the processing of your application, please follow these steps:

1. Fill out the application completely and sign it. **Incomplete or unsigned applications will be returned.**
2. Include originals or true copies of the required identification (see below) for both Prime Member and Joint Owner(s). A recent pay stub is required if you are applying for a loan for all applicants.

Forward true legible copies (by mail) or provide originals (in person) for two of the following forms of identification one of which must include a picture and one of which must reflect your current address. (If one of these forms of identification includes both you need only submit that one.):

- Valid US Driver's License
- US Social Security Card
- Passport with accompanying US Work Visa
- Utility Billing Statement
- US Military ID
- Other Picture ID Issued by US Federal, State, or Local Government
- 2nd form of identification always required with Federal, State or Local ID card

**DCU reserves the right to require additional information. Applications that are sent without the proper identification will be returned to you unprocessed.**

3. Social Security Number or ITIN is required for all applicants.
4. Enclose a check or money order made out to Digital Federal Credit Union:
  - **Membership**  
You must enclose a minimum deposit of at least \$5.00 to a Savings Account to open your membership.
  - **Tower Hill Dues**  
\$55 (individual one year), \$100 (individual two years), \$70 (Family/Dual one year), \$130 (Family/Dual two years), \$100 (Friend), \$250 (Contributing), \$500 (Supporting), \$1,000 (Patron), \$150 (Organization).
  - **Secured Visa® Credit Card**  
Please note if applying for a secured Visa® Credit Card you must include cashier's check or money order for the amount of credit you are requesting. This will be held as security against the loan.
5. Mail your application, check, and copies of your identification, and (if applicable) copies of your pay stub to:

**Digital Federal Credit Union  
Account Services Department  
220 Donald Lynch Boulevard, PO Box 9130  
Marlborough, MA 01752-9130**

## What you can expect

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Once you mail your application, please...

- Allow 2 weeks to receive your *New Member Welcome Kit* including a DCU membership, disclosures, and a fee schedule.
- Allow 2 weeks to receive your DCU PIN (Personal Identification Number). This is the secret number you'll need to use ATMs, PC Branch, and Easy Touch Telephone Teller.
- Allow 2-4 weeks for processing of your Membership and receipt of member card information.

If you're opening a DCU Checking Account, please also...

- Allow 2 weeks to receive your starter checks and information to select your first order of checks.
- Allow 3 weeks for your DCU Visa® Check Card.

If you're applying for a DCU Visa Credit Card and have been approved, please...

- Allow 2 weeks to receive your card(s).

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**Cashier's Check** – A check drawn on the account of a financial institution, not that of a private person. Personal account funds may be used to purchase a cashier's check.

**Code** – A word, up to 10 letters in length, which any Information (Call) Center Representative will ask you when you contact DCU. It's important this word be known only to you (and your Joint Owner if you wish) because it's one of the ways to confirm your identity when you call in. You will see an area for your Code on the back of the Membership Application next to the Signature section.

**Field of Membership (FOM)** – A defined category within which an individual must fall to be eligible for membership in a particular credit union. Federal regulations in effect since March 5, 1999 affecting all Federal Credit Unions set the requirements for DCU membership eligibility. Please read the information below before applying for membership.

**Secured Visa®** – A credit card loan with a credit limit secured by funds on hold in your DCU savings account. For members trying to reestablish credit or who've not yet established a significant credit line. Credit lines from \$500 to \$5,000.

## DCU Membership Eligibility

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### **Eligibility by Family Relationship to a Current DCU Member**

Relatives of DCU members are eligible to join by federal regulation if you are a spouse, domestic partner, child, sibling, parent, grandparent or grandchild of a current member. This includes stepchildren, stepparents, stepsiblings, and adopted children.

### **Eligibility by Field Membership**

Our Field Membership (FOM) is the list of companies and organizations whose employees, retirees, or members are eligible to join DCU under our charter. Our FOM is listed on the Membership page in the DCU web site ([www.dcu.org](http://www.dcu.org)). You are eligible to join if you currently work for or retired from a company or organization in our FOM, or you belong to an organization in our FOM. This is how you are eligible if you belong to or are joining Tower Hill at this time.

### **Eligibility by Community**

You are automatically eligible to join DCU if you live, work, worship, or attend school in one of the communities in our list (see [dcu.org](http://dcu.org) for the growing list). Any business or other legal entity located in one of these areas is also automatically eligible to join.



BANKING - THE DCU WAY

Digital Federal Credit Union

220 Donald Lynch Blvd • PO Box 9130 • Marlborough, MA 01752-9130

508.263.6700 • 800.328.8797 • dcu.org • dcu@dcu.org

(DCU ONLY: Member # \_\_\_\_\_)

# Membership Application

**Instructions:** Sections 1, 2, and 5 must be completed. Please review entire application and complete additional sections as applicable. Include no less than \$5 with this application.

## 1. FIELD OF MEMBERSHIP

**MUST BE COMPLETED (Select One):**

I am eligible to join through my Employer: \_\_\_\_\_, located in \_\_\_\_\_, \_\_\_\_\_  
Company Name City St/ZIP

I am eligible to join as a member of: \_\_\_\_\_  
Name of Organization or Association

I am eligible to join through the following Immediate Family Member sponsor (includes adoptive, in-law, and step relationships) which you may verify:

This person is my:  spouse or domestic partner,  child,  grandchild,  parent,  grandparent, or  sibling.  
(Check core relationship only. Example: If joining through stepsister, check "sibling." If joining through father-in-law, check "parent.")

This person's name is: \_\_\_\_\_ and DCU Member Number is: \_\_\_\_\_

**IMPORTANT INFORMATION:** We are required, by federal law, to obtain, verify, and record information that identifies each person opening or having access to a DCU Account. We will ask for your legal name, residential address, Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN), Phone Number, and Date of Birth. **REQUIRED IDENTIFICATION:** No individual can be named on this account in any capacity without having provided the following current identification, one of which must include a picture and one of which must reflect the Individual's current residential address as given. If one of these forms of identification includes both you need only submit that one: • US Driver's License • US Social Security Card • Passport • US Military ID • US Work Visa • Other Government Issued picture ID (2<sup>nd</sup> ID always required) • Utility bill (for residential address verification only). DCU reserves the right to request additional identification. For purposes of verifying the residential address only, you may also submit a copy of a utility or other bill reflecting the address.

If you are already a DCU member, you are not required to provide the **REQUIRED IDENTIFICATION** but you must provide your DCU Member #, Legal Name, and SSN below.

## 2. GENERAL INFORMATION

**PRIME OWNER**  
Legal Last Name

Legal First Name	Middle	

Social Security #

**MUST enter Prime Owner's SSN, or ITIN in Section 5. on reverse.**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Residential Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

# Year(s) at this address \_\_\_\_\_. If less than two (2), my previous complete address is:

Street City State ZIP

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address \_\_\_\_\_

**JOINT OWNER/  
CO-BORROWER**  
Legal Last Name

Legal First Name	Middle	

Social Security #

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Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

Residential Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

# Year(s) at this address \_\_\_\_\_. If less than two (2), my previous complete address is:

Street City State ZIP

Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Email Address \_\_\_\_\_

Name & address of nearest relative not living with you: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(Please list someone other than your sponsor) Name Street City/St/ZIP

## 3. ACCOUNTS & SERVICES

**Instructions:** I will check "Individual" for those which I am applying for in my name only, "Joint" when applicable ONLY when I want that account accessible to the Joint Owner I have listed above. **NOTE:** If I give my PIN to my Joint Owner, that Joint Owner will be able to access the Membership via Easy Touch Telephone Teller and PC Branch, as well as with a DCU Check or ATM Card if one is ordered in that Joint Owner's name.

Individual  Joint

**Savings Account** (please include no less than \$5 with this application - required to open and maintain Membership)

I understand I will be receiving **Electronic Statements for all my accounts, notification of which will be sent to the email address above, unless I check here.**

**Personal Identification Number (PIN)** for Electronic Service usage. (I understand this will be generated and mailed to the Prime Owner's address.)

**Electronic Accessibility** via PC Branch and Easy Touch Telephone Teller

**Money Market Account** (\$1,000 minimum required to earn dividends)  Please also provide Money Market Checks\*† at this time

**Checking Account** - Select one of the following types of DCU Checking Accounts:

**FREE Checking\***  **Dividend Checking\*** (\$2,500 min.)  **Premier Checking\*** (\$10,000 min.)

Print the following on my personal checks† (DCU Custom Checks free with Direct Deposit of net pay, Social Security or pension to DCU Checking and/or active Bill Payer):

Prime Name  Joint Name  Address  Phone  Other \_\_\_\_\_

**Visa® Check (debit) Card** or **Savings ATM Card\*†** (circle one)

**Ltd Savings Account** (\$25,000 minimum required to earn dividends)

\*Upon Approval † Allow 10-14 Days to Receive

**IMPORTANT - SEE REVERSE**

#### 4. VEHICLE LOAN

I am at least 18 years of age and I am also applying for the following loan. I agree to sign all documents required to create a valid loan and security agreement. I will be contacted by a DCU representative to discuss the details.

(Note: Complete the Co-Borrower sections ONLY if making an application for JOINT credit.)

**Annual Income:** Borrower: \$ \_\_\_\_\_ (PRIME owner on reverse) Co-Borrower (if applicable): \$ \_\_\_\_\_ (as named in Sec. 2 on reverse)

Include a copy of a recent paystub or other income verification with this request. Alimony, child support, or separate maintenance income need not be revealed as income if you do not wish to have it considered as a basis for repaying this obligation.

**Employer:** Borrower: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

**Length of Employment:** Borrower: \_\_\_\_\_ Co-Borrower: \_\_\_\_\_

**Housing Expense:**  Own (\$ \_\_\_\_\_ /Month) or  Rent (\$ \_\_\_\_\_ /Month)

Vehicle Loan Amount \$ \_\_\_\_\_, or  As much as I'm approved for  as an individual or  with co-borrower listed on reverse.

Please send information on Payment Protection.

Give us the following information about your current auto loan. We'll do a FREE refinance evaluation and contact you with an answer soon:

Institution Name \_\_\_\_\_ Their Phone # (\_\_\_\_\_) \_\_\_\_\_

Mileage \_\_\_\_\_ miles, Interest Rate \_\_\_\_\_ %, Remaining Term \_\_\_\_\_ mths, Year/Make/Model \_\_\_\_\_

Contact Me Via Email (address): \_\_\_\_\_, or By Phone (daytime #): (\_\_\_\_\_) \_\_\_\_\_



#### 5. AGREEMENT AND TAXPAYER ID NUMBER (TIN) CERTIFICATION & BACKUP WITHHOLDING

**Agreement:** I certify that I am within the field of membership, whether by way of employment, organizational or associational affiliation, or an immediate family relationship as defined in your *Truth-in-Savings (TIS) Disclosure and Account Agreements*. Signing below and/or use of my PIN constitutes an agreement to conform to the terms and conditions of the *TIS Disclosure and Account Agreements*, the *Electronic Services Disclosure and Agreements*, and the *Schedule of Fees and Service Charges* all of which are incorporated by this reference, whether applicable to products and services I am currently requesting or those I request in the future. Easy Touch Telephone Teller and PC Branch will be immediately accessible. I may obtain a copy of any of these disclosures at any branch office or through your Information Center. These disclosures (as applicable) will be delivered to me once my membership has been opened. If I, the Prime Owner, am under 17 years of age, I understand that I must have a parent or guardian of legal age joint on any checking account(s) I have with you. I authorize you to gather and exchange whatever credit, checking account and employment information you consider appropriate from time to time and understand you may make credit or other decisions based in part on this information.

**Taxpayer Identification Number (TIN)** - Enter your TIN in the box below. For individuals, this is your Social Security Number (SSN). However, if you are a resident alien and do not have and are not eligible to get a SSN, your TIN is your IRS individual taxpayer identification number (ITIN). *If the account is in more than one name, see the chart in the TIS Disclosure for guidelines on what number to enter. Typically this will be the Prime Owner's SSN.*

TIN/SSN Box:

Payee exempt from Backup Withholding: See Part III Instructions in the TIS Disclosure

**Certification** - Under penalties of perjury, I certify that: (1) The information on this form is true, correct, and complete and if proven otherwise you may demand payment in full on any debt I have outstanding with you or revoke any services I use, and (2) The number shown on this form is my correct taxpayer identification number, and (3) I am not subject to backup withholding because: (a) I am exempt from backup withholding and have completed and delivered to you the appropriate exemption form, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. I agree to cross out number 3 just previous if I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, and (4) I am a U.S. person (including a U.S. resident alien). **The IRS does not require me to consent to any of the provisions of this document other than the certification required to avoid backup withholding.**

**NOTE:** If applying for a VEHICLE LOAN (Section 4 above), both the Borrower and the Co-Borrower (if applicable) certify they have provided a valid and verifiable Social Security Number on this application as is required by DCU in order to obtain a loan. If both Borrower and Co-Borrower information is supplied, and each signs below, we understand and agree this constitutes our making an application for joint credit.

Prime Owner's Signature and Date

Code: Remember this (up to 10 letter) word for Telephone Transactions through our Call Center

Joint Owner's (Co-Borrower's) Signature and Date



#### DID YOU REMEMBER TO



(your membership cannot be opened without you doing the following)

- Enclose your initial deposit of at least \$5.00
- Enter your Social Security (SSN) Number above
- Sign your application (Prime and Joint if applicable)
- Enclose Required Identification

INTERNAL USE ONLY: Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_ Proc. By # \_\_\_\_\_ Ver. By # \_\_\_\_\_ X-Ref # \_\_\_\_\_  
 Prime ID Type \_\_\_\_\_ # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_ Joint ID Type \_\_\_\_\_ # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Add'l Doc \_\_\_\_\_ Add'l Doc \_\_\_\_\_



# TOWER HILL BOTANIC GARDEN MEMBERSHIP APPLICATION

## Basic Membership Benefits

- **Unlimited free admission** to Tower Hill Botanic Garden for one full year.
- **Free subscription** to the quarterly newsletter *Grow With Us!* and class/program schedule *Learn With Us!*
- **Advance notice and reduced rates** for classes, trips, special events and workshops, with well-respected horticulturists.
- **Discounts and special "members only" sales** at *The Shop At Tower Hill*.
- **Discounts** at participating nurseries and gardening businesses throughout the metro-west area.
- **Early admission** to our renowned Annual Plant Sale with option to buy our unique selection of plants, trees and shrubs.
- **Reciprocal admission** privileges to more than 125 gardens, conservatories and arboreta in the United States and Canada
- **Borrowing privileges** from the extensive collection of books, access to periodicals and catalogs at the WCHS library.
- A Tower Hill Botanic Garden **decals** for your car to readily identify you as a loyal benefactor.
- The **reward** of supporting an organization that has served interested gardeners for more than 160 years.

## Membership Categories

- **Individual**                      **\$55 (\$100 for 2 years)**  
Basic benefits for one adult.
- **Family/Dual**                      **\$70 (\$130 for 2 years)**  
Basic benefits for two adults and children under 19 living in the same household.
- **Friend**                              **\$100**  
Benefits above, plus four guests per visit to Tower Hill.
- **Contributing**                      **\$250**  
Benefits for Friend, plus a year's subscription to *People, Places, Plants* magazine.
- **Supporting**                        **\$500**  
Benefits for Contributing, plus a free WCHS sponsored day trip for two.
- **Patron**                              **\$1000**  
Benefits for Contributing, plus a garden consultation by a WCHS staff horticulturist.
- **Organization**                      **\$150**  
Special group benefits for gardening organizations. Please call **508.869.6111 x25** for details.



## Mail or FAX Membership Application (If you prefer, You may apply online using PayPal, see Membership Application page)

*Yes! I/we would like to join at the following level:*

- |  |                                       |        |
|--|---------------------------------------|--------|
| <input type="checkbox"/> Individual    | <input type="checkbox"/> Friend       | \$100  |
| <input type="checkbox"/> 1 year \$ 55  | <input type="checkbox"/> Contributing | \$250  |
| <input type="checkbox"/> 2 year \$ 100 | <input type="checkbox"/> Supporting   | \$500  |
| <input type="checkbox"/> Family/Dual   | <input type="checkbox"/> Patron       | \$1000 |
| <input type="checkbox"/> 1 year \$ 70  | <input type="checkbox"/> Organization | \$150  |
| <input type="checkbox"/> 2 year \$ 130 |                                       |        |

- New WCHS Member**     **Membership Renewal**

**I/we wish to have our mail addressed as follows:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

E-mail \_\_\_\_\_

- Please don't share my name with other organizations*

*Designate preferred spelling of name(s) printed on card(s):*

\_\_\_\_\_

\_\_\_\_\_

- I/We intend to apply for a matching gift from:*

Company Name \_\_\_\_\_

- Cash     Check # \_\_\_\_\_

- Visa     MasterCard     Discover     AmEx

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

V-code (3 digit number, back of card, signature area) \_\_\_\_\_

Signature \_\_\_\_\_

Amount enclosed \$ \_\_\_\_\_

**Make checks payable to WCHS and mail to:**

Tower Hill Botanic Garden . PO Box 598  
Boylston, Massachusetts 01505 . 0598  
508 869.6111 x13 OR print and FAX, 24/7, 508 869.0314

