



STUDENT MASTERCARD APPLICATION

Visit uiccu.org for a complete list of card benefits.



With a credit line of just \$500, our Student MasterCard allows you to build credit without building a pile of debt.

APPLICANT INFORMATION (Please print clearly. All information is required.)

Are you a citizen or permanent resident of the United States? Yes No

_____ Name (as you wish it to appear on the card)	_____ Date of Birth	_____ Social Security #	_____ Mother's Maiden Name
_____ Street Address	_____ Phone Number	_____ Email Address	_____ UICCU Member Number
_____ City, State	_____ Zip	_____ Name of college or university at which you are enrolled	
_____ Employer	_____ How Long at Employer	\$_____ Hourly Wage	_____ Hours per Week

Name: _____ Address: _____ Telephone Number _____
REQUIRED: Please list the information of the nearest relative not living with you.

Name: _____ Address: _____ Telephone Number _____
REQUIRED: Please list the information of a second relative not living with you.

OTHER APPLICANT INFORMATION (if applicable)

_____ Name (no plastic will be issued unless requested)	_____ Date of Birth	_____ Social Security #	_____ Mother's Maiden Name
_____ Street Address	_____ How Long at Address	_____ Home Phone	_____ Email Address
_____ City	_____ State	_____ ZIP	Do You <input type="checkbox"/> Own <input type="checkbox"/> Rent Payment \$_____
_____ Employer	_____ How Long at Employer	_____ Work Phone	\$_____ Gross Annual Income

