



Membership Form (Please Print)

Member Information

Member (must be 50+)

Check One : ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ _____

Name _____
First M.I. Last

Call me (Nickname) _____

Social Security # _____

Date of Birth _____

Referred by _____

Special Medical Conditions _____

In case of emergency contact

Name _____

Phone _____

Spousal Member (need not be 50+)

Check One : ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ _____

Name _____
First M.I. Last

Call me (Nickname) _____

Social Security # _____

Date of Birth _____

Anniversary Date _____

Special Medical Conditions _____

In case of emergency contact

Name _____

Phone _____

Address Information

Primary Address

Address _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Use seasonal address from _____ until _____

Seasonal Address (Optional)

Address _____

Address _____

City _____

State _____ Zip _____

Phone () _____

Signatures

Yes! I/We wish to join the Four Seasons Club & understand that my/our membership and the benefits therefrom are subject to the Four Seasons program rules which may, from time to time, change without notice at the discretion of Sterling Federal Bank.

Signature _____

Date _____

Signature _____

Date _____

Additional Information

☐ I am currently a customer of Sterling Federal Bank.

☐ I was previously a Sterling Federal Bank customer until _____ (date).

☐ I have never been a customer of Sterling Federal Bank.

I am remaining a member of the following bank clubs:

- _____
- _____
- _____
- _____

I currently have funds invested in:

- ☐ Money Market Funds
- ☐ Certificates of Deposits
- ☐ Annuities
- ☐ Tax-Free Bonds or Bond Mutual Funds
- ☐ Taxable Bonds or Bond Mutual Funds
- ☐ Stock or Stock Mutual Funds