



MEMBER NOTE APPLICATION

SECTION I – NOTE DETAILS

Amount: \$ _____ for a term of: 90 days 180 days 365 days

SECTION II -- ELIGIBILITY

Participation in the Member Note Program is available to CFAB members. To determine your eligibility please answer the following group of questions.

1. Membership in CFAB is limited to specific industries only. Please indicate which industry(ies) you are involved in.
Commercial Fishing Agriculture Tourism Natural Resources (including Timber)

2. Please provide a brief description of your involvement in this industry.

3. Membership in CFAB is limited to Alaskan residents. Please complete the following information to confirm your residency.

Applicant has been a resident of Alaska since: Month _____ Yr. _____ Co-Applicant: Month _____ Yr. _____

Is the Applicant licensed to drive in Alaska? Yes No ADL# _____

Is the Co-Applicant licensed to drive in Alaska? Yes No ADL# _____

Is Applicant registered to vote in Alaska? Yes No Co-Applicant? Yes No

SECTION III - PERSONAL INFORMATION

Name of Applicant _____ DOB _____ SSN _____

Residence Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Residence Phone _____ Business or Contact Phone _____

Cell Phone _____ Email: _____

Married Unmarried (including single, divorced or widowed) Number of Dependents _____

Name of Spouse _____ DOB _____ SSN _____

Does she/he permanently live at your present address? Yes No If no, in what state does she/he live? _____

Name of Co-Applicant _____ DOB _____ SSN _____

Residence Address _____ OR, Address Same as Above?

City _____ State _____ Zip _____

Mailing Address _____ OR, Address Same as Above?

City _____ State _____ Zip _____

Residence Phone _____ Business or Contact Phone _____

I/we CERTIFY that I/we have been an Alaskan resident(s) for a continuous period of _____ year(s) immediately preceding this date and that I/we intend to remain an Alaskan resident(s); and that the information contained in this application is true and correct to the best of my/our knowledge.

Applicant's Signature **X** _____ Date _____

Co-Applicant's Signature **X** _____ Date _____