



Club Membership Application
Please complete form.

Name: _____

Valid Email Address: _____

Social Security #: _____

Date of Birth: (MM) _____ (DD) _____ (YYYY) _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____

Special Interests: _____

Additional comments: _____

X _____ Today's Date
Signature (if 18 or over)

X _____ Today's Date
Parent/Guardian Signature (if under 18)

X _____
Printed name

X _____
Printed name

Please complete and sign this form to become a member of the Young Advantage Club.

If you have any questions or concerns, please call us at 816-746-7659.

You may drop off your completed application at one of our eight financial institutions or mail to:

Platte Valley Bank of Missouri, Attn: Young Advantage Club, 2400 Prairie View Road, P.O. Box 1250, Platte City, MO 64079.

For Office Use Only

Existing Customer: [] Yes [] No

Checking Account #: _____

Savings Account #: _____

Portfolio #: _____

Opened by: _____

Location: _____

