



Membership Application

Super Partners

Date: _____

Branch: _____

Member Requirements:

- 50 years of age or better and a TSB account owner;
- maintains a minimum balance of \$2,500 or more on deposit with Tennessee State Bank in checking, savings, money market or certificate of deposit (or a combination, thereof).

Please complete the information below. For proof of account status and membership eligibility, you must provide your Tennessee State Bank account number(s). Your information will remain secure and confidential.

Please print the following information.

Name(s) of Account Owner

Address

City, State, Zip

Primary Email Address

Secondary Email Address

Primary Cell Phone Number

Secondary Cell Phone Number

Home Phone Number (if applicable)

Account Number(s):

- *Checking:* _____
- *Savings:* _____
- *Certificate of Deposit:* _____

Signature - Account Owner

Signature - Account Owner

*Return this application to any TSB branch office or mail to Tennessee State Bank,
Attention: Super Partners, P. O. Box 1260, Pigeon Forge, TN 37868-1260.*