

**State of Wisconsin  
Department of Financial Institutions**



**Office of Credit Unions**  
P.O. Box 14137  
Madison, WI 53708-0137  
Telephone: (608) 261-9543  
Fax: (608) 267-0479  
[www.wdfi.org](http://www.wdfi.org)

**Community Field of Membership (FOM)/  
Expansion of Community FOM Application**

*Answer all questions to the extent they are applicable.  
Attach a detailed map of the area of expansion and a copy of your current financial statements to this application.*

The \_\_\_\_\_ Credit Union is applying to the Office of Credit Unions for an expansion of membership eligibility to include persons residing or employed in the community identified below.

Please define the community as nearly as possible, in terms of political boundaries.

The Eligibility for Membership of your **current** bylaws states:

State the reasons your Board of Directors is requesting a community charter or expansion of your present community charter:

<p>Has there been an expression of interest by prospective members within the area you propose to serve for an expansion of service by your credit union? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the credit union undertaken a study to determine the extent of this interest? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain.</p>
<p>State the types of service presently available at your credit union (e.g., share drafts, lines-of-credit, money orders, travelers checks, etc.)</p>
<p>What is the population of the area you propose to serve?</p>
<p>Indicate the main industries and number of employees of those industries within the area you propose to serve.</p>
<p>If this community charter application is approved, what are your plans to promote the services of your credit union on a community-wide basis?</p>
<p>Identify all other credit unions located within the area you propose to serve.</p>
<p>Have you consulted the management of your sponsoring company concerning your proposed expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, please indicate the general nature of those discussions and the potential impact of your proposal with regard to any services now provided by your sponsoring company.</p>
<p>Is the credit union office accessible to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Indicate office hours:</p>

Before any conversion to a community credit union, the proposal must be taken to your membership for approval. A regular or special meeting for this purpose must be called as set forth in your bylaws. The notice shall state the purpose of the meeting.

The Office of Credit Unions may make a special investigation of your community charter request. The credit union guarantees payment of the special investigation at the current hourly rate for examinations.

### CERTIFICATION

WE, \_\_\_\_\_, Chairperson and \_\_\_\_\_, Secretary of the \_\_\_\_\_ Credit Union, \_\_\_\_\_, Wisconsin, \_\_\_\_\_ County, certify that this application has been carefully reviewed and approved at a (Special/Regular) meeting of the Board of Directors, and that all statements, schedules and other supporting information are true and correct to the best of our knowledge and belief.

\_\_\_\_\_  
Chairperson's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary's signature

\_\_\_\_\_  
Date

#### FOR AGENCY USE ONLY

Date Application Filed:

Application Approved:

Yes  No

Date Approved / Denied:

\_\_\_\_\_  
Director  
Office of Credit Unions

**Notice:** This form may be used to amend your bylaws. Information requested may be used for secondary purposes.