

**State of Wisconsin
Department of Financial Institutions**



Office of Credit Unions
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**Membership Eligibility Expansion Application
(to include related or vicinal industries)**

Name of Credit Union:		Street Address:	
City/Village:	Zip Code:	County:	

What is your present membership eligibility?

The organization(s), corporation(s), or group(s) you propose to include in your membership eligibility are:

Organization, Corporation or Group	Address	Principal Business	# of Employees

What is the business of your principal sponsoring company?

Credit union office facilities: (check appropriate statement)

The credit union owns its office building.
 The credit union rents or leases its office space in a building that is accessible to the public.
 The credit union office is located on the premises of the sponsoring company.
 Other (please explain):

<p>If the credit union office is located on the premises of the sponsoring company, will the membership group(s) you propose to serve have public access to the office? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Indicate exact road mileage the industry(ies) you propose to serve is/are located from your principal credit union office.</p>
<p>Is the business or organization whose employees or members you propose to serve corporately related to your principal sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the relationship.</p>
<p>What is the total membership of your credit union?</p>
<p>Has this expansion proposal been presented to your membership for approval? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If the organization(s) you propose to serve is/are an employee group, have you contacted the management of the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, has the management indicated its intention to cooperate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have tentative arrangements been made for payroll deductions? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>(Please include letters, petitions, or other appropriate materials that will indicate a desire on the part of the employee or association group to be included in the eligibility for membership of your credit union. Also include any letters or other appropriate materials which will indicate the extent of cooperation you can expect to receive from the management of the group you propose to serve.)</i></p>

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)

 (Secretary's signature)

Date: _____

Notice: This form may be used to apply for membership eligibility expansion to include related or vicinal industries. Information requested may be used for secondary purposes.