

**State of Wisconsin
Department of Financial Institutions**

Sec. 186.02, Wis. Stats.



Office of Credit Unions
P.O. Box 14137
Madison, WI 53708-0137
Telephone: (608) 261-9543
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Wisconsin Relay 711
www.wdfi.org

**Membership Eligibility Expansion Application
(to include related or vicinal industries)**

Answer all questions to the extent they are applicable.

The _____ Credit Union is applying to the Office of Credit Unions for an expansion of membership eligibility.

1. List the organization(s), corporation(s), or group(s) the credit union is proposing to include in the membership eligibility.

Organization, Corporation, or Group	Address	Principal Business or Function of Group	Number of Employees/Potential Eligible Members

2. Explain why the organization, corporation or group is interested in being included in the credit union field of membership.
3. Has the credit union been contacted by the management of the organization, corporation or group or has management expressed their interest to join the credit union? If not, explain the method(s) used to determine interest in joining the credit union.
4. Describe how the credit union will provide and deliver credit union products and services to the proposed members?
5. Is the proposed organization, corporation or group covered under another credit union's field of membership?

Please attach to this completed form:

- Contact information for the organization, corporation or group representative
- Materials that indicate a desire on the part of the organization, corporation or group to be included in the eligibility for membership of the credit union (letters, petitions, etc.)
- Current financial statements
- Pro forma financial statements for two years with assumptions for growth and costs to serve organization, corporation or group
- Business plan and/or strategic plan
- Marketing plan
- A list of principal and/or subsidiary offices and approximate mileage to the proposed organization, corporation or group

The completed application should be emailed to DFI-OCU@Wisconsin.gov or mailed to the address at the top of this application.

The Office of Credit Unions reserves the right to request additional documentation and information. The Office of Credit Unions may make a special investigation of this request. The credit union guarantees payment of the special investigation at the current hourly rate for examinations.

CERTIFICATION	
<p>We, _____, Chairperson and _____, Secretary of the _____ Credit Union, _____, Wisconsin, _____ County, certify that this application has been carefully reviewed and approved at a 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.</p>	
<p>_____ Chairperson's Signature</p>	<p>_____ Date</p>
<p>_____ Secretary's Signature</p>	<p>_____ Date</p>

FOR AGENCY USE ONLY		
<u>Date Application Filed</u>	<u>Application Approved</u>	<u>Date Approved/Denied</u>
	Yes	
	No	
<p>_____ Director Office of Credit Unions</p>		