

**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

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

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 to include persons residing or employed in the community identified below.

1. Define the community the credit union is looking to expand to and approximate potential number of members.

2(a). Provide rationale for the expansion request.

(b). Describe how serving the proposed expansion area advances the credit union's mission and will benefit the membership.

3. Define the common bond, and explain how the common bond of the proposed expansion area meets the requirements of Wis. Statute 186.02(2)(b).

4(a). Has the Credit Union undertaken a study to determine the extent of interest from the prospective members within the proposed expansion area? If not, explain the extent of the interest as currently determined.

(b) Indicate proposed or anticipated offices that will service this expansion area.

*All subsidiary offices require prior approval from the Office of Credit Unions. The application can be found at www.wdfi.org.

(c) Describe how the credit union will market to and service the potential new members. Include services currently available and how the credit union plans to promote and deliver these services.

In addition to the completed form, please include the following documentation with the credit union application:

- Detailed map of the area of expansion
- List principal and subsidiary offices serving the proposed expansion area
- Current financial statements and current year budget
- Pro forma financial statements for two years with assumptions for growth and costs to serve proposed expansion area
- Business plan or strategic plan
- Marketing plan

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 the community charter 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>_____</p> <p>Chairperson's Signature</p>	<p>_____</p> <p>Date</p>
<p>_____</p> <p>Secretary's Signature</p>	<p>_____</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>_____</p> <p>Director</p> <p>Office of Credit Unions</p>		