

FIELD OF MEMBERSHIP APPLICATION FOR AN ASSOCIATIONAL GROUP



PLEASE NOTE: WE MUST RECEIVE A COPY OF YOUR MOST RECENT BYLAWS AND CHARTER OR EQUIVALENT DOCUMENT ALONG WITH YOUR COMPLETED APPLICATION.

Our associational group wishes to offer credit union membership to our employees and/or members as a Select Employee Group. Please consider our information as follows (For multiple locations, please list addresses and number of employees at each office on a separate sheet of paper):

Associational Group Name: _____

Mailing Address: _____ Tax ID Number _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____ Zip: _____

Main Phone Number: _____ Fax Number: _____

Number of Members: _____ (Must be at least 10 to qualify. If over 3,000, please contact the credit union for additional instructions.)

Nearest SSFCU location (see www.suncoastfcu.org for locations): _____

How far (in miles) is your main location from the location listed above? _____ miles (Must be less than 25 miles to qualify.)

How would you classify your association?

Labor union

Fraternal

Educational

Faith based

Homeowners

Chamber of Commerce

Student

Trade

Other/Miscellaneous (please explain) _____

Must the member buy a product or purchase a service in order to join the association? Yes No

Do your members pay dues? Yes No

Do members participate in the furtherance of the goals of the association (assist with fundraisers, volunteer for committees, attend workshops or training sessions, participate in group activities)? Yes No

Do your members have voting rights? Yes No

Does the association maintain a membership list? Yes No

Does the association sponsor other activities (seminars, training, workshops, social activities, etc.)? Yes No

Does the association have a specific and authoritative definition of who is eligible for membership? Yes No

Does the association hold periodic meetings? Yes No

Website: _____

President/Pastor/Person in Authority (if applicable): _____

We would like to have primary and secondary contact persons at your organization to receive correspondence from SSFCU. Please complete the contact information below:

Primary Contact

Secondary Contact

Name: _____

Name: _____

Position/Title: _____

Position/Title: _____

Direct Phone: _____

Direct Phone: _____

Email: _____

Email: _____

(T-Shirt Size: _____ Type of Shirt: Ladies' Men's)

Is your association in the field of membership of another credit union? Yes No

If yes, name of credit union: _____

Name of person submitting request: _____

Title of person submitting request: _____

Signature of person submitting request: _____

For assistance completing this form, call (800) 999-5887 extension 87976. Please return to: Marketing Department, P.O. Box 11904, Tampa, FL 33680-1904.



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