

FIELD OF MEMBERSHIP APPLICATION FOR A BUSINESS



Our company wishes to offer credit union membership to our employees by joining Suncoast's field of membership 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):

Company Name: _____

Mailing Address: _____ Tax ID Number _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____ Zip: _____

Main Phone Number: _____ Fax Number: _____

Number of Employees: _____ (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.)

Type of Business: Sole Proprietorship Partnership LLC Corporation Other

How would you classify your business?

Religious/Church

Education

Engineering

Financial Services

Government Agency

Other/Miscellaneous (please explain) _____

Manufacturing

Medical

Non-Profit

Real Estate

Recreation

Restaurant

Retail/Wholesale

Service Provider

Software Development

Utility

Briefly explain what your company does: _____

Company website: _____

Please list owners of your company:

President (if applicable): _____

Manager (if applicable): _____

CEO (if applicable): _____

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

Primary Contact

Name: _____

Position/Title: _____

Direct Phone: _____

Email: _____

Secondary Contact

Name: _____

Position/Title: _____

Direct Phone: _____

Email: _____

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

Is your company in the field of membership of another credit union: Yes No

If yes, name of credit union: _____

Does your company offer direct deposit? Yes No

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.



Suncoast Schools Federal Credit Union
WHERE SMART PEOPLE KEEP THEIR MONEY.