



**NORTH CAROLINA CREDIT UNION DIVISION  
FIELD OF MEMBERSHIP APPLICATION  
(Use a separate application for each group to be added)**

Credit Union Name: \_\_\_\_\_

Date of credit Union Board of Director's meeting approving the addition of the new group or association to the field of membership: \_\_\_\_\_

Total number of the Board of Directors: \_\_\_\_\_

Number of Board of Directors attending meeting: \_\_\_\_\_

Number of Board of Directors voting in favor of field of membership expansion: \_\_\_\_\_

Group or Association Name: \_\_\_\_\_  
(If Association, attach copy of charter and bylaws)

Address: \_\_\_\_\_

Headquarter Location (If different from above): \_\_\_\_\_

Description of Business or Purpose: \_\_\_\_\_

Address of nearest credit union service facility for access: \_\_\_\_\_  
\_\_\_\_\_

Distance to nearest credit union service facility for access: \_\_\_\_\_

Name, title, and telephone number of sponsor's primary credit union liaison or contact person: \_\_\_\_\_  
\_\_\_\_\_

Total number of employees/potential members added: \_\_\_\_\_

If served employees work in more than one location, list each location separately:

<u>Location:</u>	<u>Number of Employees:</u>
_____	_____
_____	_____
_____	_____
_____	_____

Are these employees paid from the same location: \_\_\_\_\_

If yes to above, list the location of the payroll department: \_\_\_\_\_

Is the group or association in the field of membership of any other credit union: \_\_\_\_\_

Name and location of the other servicing credit union: \_\_\_\_\_  
\_\_\_\_\_

Will the sponsor company provide payroll deduction: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe how the sponsor will encourage membership: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the credit union's marketing plan for the group or association: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the credit union services offered to the group or association and how these services will be available: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a letter on letterhead stationary from the group or association requesting credit union service and current financial statements of the credit union.

\_\_\_\_\_  
Credit Union Officer Title Date

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**Credit Union Division Use Only**

Date Received: \_\_\_\_\_

- \_\_\_\_\_ The credit union has not engaged in any unsafe or unsound practice which is material during the one year period preceding the filing.
- \_\_\_\_\_ The credit union is adequately capitalized – a net worth ratio of not less than 6%.
- \_\_\_\_\_ The credit union has the administrative capability and financials to serve the proposed groups.
- \_\_\_\_\_ Overlaps
- \_\_\_\_\_ The formation of a separate credit union by the group is not practical and consistent with reasonable standards for the safe and sound operation of a credit union or the group.

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Denied: \_\_\_\_\_

Additional Information: