



National Association of Federally-Insured Credit Unions

NAFCU MEMBERSHIP APPLICATION

Official Credit Union Name: _____ Charter Number: _____

Street Address: _____

City, State, Zip: _____

Preferred Mailing Address: _____

City, State, Zip: _____

Phone Number: (_____) _____

FIELD OF MEMBERSHIP

Please indicate your credit union's primary and secondary field of membership by putting a 1 (for primary) and a 2 (for secondary) in the space next to the appropriate category.

- | | | | | |
|--------------------------------------|--|--|---|---|
| <input type="checkbox"/> Association | <input type="checkbox"/> Education | <input type="checkbox"/> Media/Entertainment | <input type="checkbox"/> Religious | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Federal Government | <input type="checkbox"/> Multi-Occupational Groups | <input type="checkbox"/> Retail | <input type="checkbox"/> Union |
| <input type="checkbox"/> Community | <input type="checkbox"/> Hospital/Healthcare | <input type="checkbox"/> Natural Person | <input type="checkbox"/> Service Industry | <input type="checkbox"/> Utilities |
| <input type="checkbox"/> Defense | <input type="checkbox"/> Industrial | <input type="checkbox"/> Credit Unions (Corporate) | <input type="checkbox"/> State/County/
City Government | <input type="checkbox"/> Trade, Industry or
Profession (TIP) |

PERSONNEL

Chief Executive Officer (CEO)

Full Name: [Mr. /Ms.] _____

Informal Name: _____

Title: _____

Phone Number: (_____) _____

Email: _____

Executive Assistant Name: _____

Email: _____

Board Chair

Full Name: [Mr. /Ms.] _____

Informal Name: _____

Title: _____

Phone Number: (_____) _____

Email: _____

Supervisory Committee Chair

Full Name: [Mr. /Ms.] _____

Informal Name: _____

Title: _____

Phone Number: (_____) _____

Email: _____

Chief Financial Officer (CFO)

Full Name: [Mr. /Ms.] _____

Informal Name: _____

Title: _____

Phone Number: (_____) _____

Email: _____

Compliance Officer

Full Name: [Mr. /Ms.] _____

Informal Name: _____

Title: _____

Phone Number: (_____) _____

Email: _____

Marketing Officer

Full Name: [Mr. /Ms.] _____

Informal Name: _____

Title: _____

Phone Number: (_____) _____

Email: _____

If there are additional staff or volunteers who would benefit from access to the NAFCU website and publications, please send a list with their names, titles, email addresses and phone numbers to info@nafcu.org.

Printed Name _____ Signature _____

Application Completed by _____

Email your application to membership@nafcu.org. For any questions call 703.842.2209.

Welcome to NAFCU. It is our honor to serve you!