

Membership



Associate Member Application

Required Information

Credit Union Name _____

R/T Number _____ Charter Number _____

Physical Address _____
(City) (State) (Zip)

Mailing Address _____
(City) (State) (Zip)

Main Phone Number _____ Fax _____

Website _____

CEO/Manager Name _____

CEO/Manager E-mail address _____

Tax ID Number _____

By signing below, the credit union hereby makes application for membership in CORPORATE ONE FEDERAL CREDIT UNION ("Corporate One"); and it agrees to subscribe for at least one membership share (\$5.00), and to comply with the Terms and Conditions of membership and any amendments Corporate One makes from time to time which are incorporated herein as well as all of the rules and regulations of Corporate One which are applicable to the accounts and activities of this credit union. The person signing below hereby attest that they are authorized to legally bind their respective credit union.

By: _____ (Print Name) Its: _____ (Title)

_____ (Signature) Date: _____

_____ (Email Address)

The Membership Officer of Corporate One approves this application for membership as of _____ (date).

Signed: (Membership Officer) _____