

Name

APPLICATION FOR GROUP MEMBERSHIP

Business Name: _____

Address: _____ Zip _____

Street Address (if different from above) _____

Telephone _____

Number of Employees: Full Time _____ Seasonal _____

Type of Business: _____

How long have you been in business? _____

Is the business a: _____ Corporation _____ Partnership
_____ Sole Proprietorship

Approximately how many employees? _____

Does the business currently have a credit union? _____

If yes, who is it? _____

Why do you want to change? _____

Does your payroll/accounting department allow:

_____ Direct Deposit/Surepay _____ Payroll Deduction

Name of contact person: _____

Title: _____

Signature: _____

COMMENTS: