

**SELECT GROUP FIELD OF MEMBERSHIP
EXPANSION APPLICATION (Form ACUA 1705-S)**

Credit Union Name: _____ Date: _____

Name of Company, Association
Or Representative: _____

Address of Company or Association
Or Representative: _____

City, State, Zip Code: _____

County: _____

Select from the following below:

Employees of: _____ Business,

_____ Association,

_____ Occupational Group:

Comments: _____

Number of Employees or Members: _____

Street address if different from above:

City _____ County _____ State _____ Zip _____

County in which Group's Alabama headquarters is located (If different): _____

Other Alabama counties in which members of the group are employed or associate.

Location of Credit Union offices and branches from which the group will be served.

If the proposed group is comprised of 500 or more potential members, is the group eligible to be served by another Select Group (SG) credit union?

Yes _____ No _____

If Yes, name of Credit Union(s) with whom group is eligible for service.

If the proposed group is comprised of 500 or more members and eligible for membership with one or more Select Group (SG) credit unions, has each credit union been notified and given an opportunity to object, or provide a letter declaring no objection to dual membership eligibility?

Yes _____ No _____

Has your credit union entered into any agreements, written or oral, with any other credit union regarding dual membership.

Yes _____ No _____

If the proposed group is comprised of 500 or more members and eligible for membership with one or more Select Group (SG) credit unions, please enclose the following with this application:

1. A sample of any correspondence you have sent or intend to send to any potentially affected credit union(s) notifying them of your intent to expand to the FOM overlapping that credit union's FOM.
2. A complete list of credit unions to which the correspondence was sent along with a summary of each response (accept, reject, comment, no response).
3. Most recent month end Financial Statements, including post closing Statements of Financial Condition and Income.

You may be required to submit the following sometime later:

1. A signed copy of any correspondence sent to any potentially affected credit union(s) notifying them of your intent to expand to the FOM overlapping that credit union's FOM.
2. Copies of return correspondence from each respondent credit union.
3. A recent (within the last 12 months) business plan that addresses how the credit union intends to serve the expanded Field of Membership if this expansion is approved

Attach correspondence from the group's representative requesting service. The letter is subject to the following requirements:

1. The letter must be written on the group's letterhead.
2. The person signing the letter must identify himself or herself by his or her title within the group, and certify that he or she is authorized to represent the group.
3. **If the proposed group is comprised of 500 or more members**, the letter is to state **WHETHER OR NOT** any other credit union(s) is/are eligible to serve the group.
4. The letter must state that the writer understands that the request for credit union service eligibility is subject to the approval of the Administrator of the Alabama Credit Union Administration.

Certification and Signature

I hereby certify that the information contained in this application is true to the best of my knowledge, and that, at a special/regular meeting, on _____ the Board of Directors of this credit union approved the request for this group to be eligible for membership.

Date _____

Signature _____

Name _____

Title _____