

**State of Wisconsin
Department of Financial Institutions**



**Membership Eligibility Expansion Application
(to include related or vicinal industries)**

Credit Union: _____

The above listed credit union is applying to the Office of Credit Unions for an expansion of membership eligibility.

1. List the organization(s), corporation(s), or group(s) the credit union is proposing to include in the membership eligibility:

Organization, Corporation, or Group: _____

Address: _____

Principal Business/Function of group: _____

Number of Employees/Potential eligible members: _____

Organization, Corporation, or Group: _____

Address: _____

Principal Business/Function of group: _____

Number of Employees/Potential eligible members: _____

2. Has the credit union been contacted by the management of the organization, corporation, or group or has management expressed their interest to join the credit union? If not, explain the method(s) used to determine interest in joining the credit union:

3. Describe how the credit union will provide and deliver credit union products and services to the proposed members:

Along with this application, please include the following support material:

- Contact information for the organization, corporation, or group representative
- Materials that indicate a desire on the part of the organization, corporation, or group to be included in the eligibility for membership of the credit union (letters, petition, etc.)
- Current financial statements
- Pro forma financial statements for two years with assumptions for growth and costs to serve organization, corporation, or group
- Business plan and/or strategic plan
- Marketing plan
- A list of principal and/or subsidiary offices and approximate mileage to the proposed organization, corporation, or group
- Minutes of meeting with Board's approval

The Office of Credit Unions reserves the right to request additional information. The Office of Credit Unions may make a special investigation of this request. The credit union guarantees payment of the special investigation at the current hourly rate for examinations.

**Please send the completed application form and supporting information to:
dfi-ocu@dfi.wisconsin.gov**

Notice: This form may be used for updating the Office of Credit Unions' database. Information requested may be used for secondary purposes. This document can be made available in alternate formats upon request to qualifying individuals with disabilities.