

# grow financial<sup>®</sup> Association Application

Our association wishes to offer credit union membership to our members by joining the field of membership of Grow Financial as an association. Please consider our information as follows:

Association Name: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Main Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Number of Members: \_\_\_\_\_ Number of Employees (if applicable): \_\_\_\_\_

Nearest Grow Financial Branch (see [growfinancial.org](http://growfinancial.org) for locations): \_\_\_\_\_

How far (in miles) is your main location from the location listed above? \_\_\_\_\_ miles (Must be less than 25 miles to qualify.)

Does your association offer another credit union?  Yes  No

If yes, what is the name of the credit union? \_\_\_\_\_

From the list below, how would you classify your association?

Chamber of Commerce

Fraternal

Student

Educational

Homeowners

Trade

Faith based

Labor union

Other/Miscellaneous (please explain) \_\_\_\_\_

Website: \_\_\_\_\_

We would like to have primary and secondary contact persons at your company to receive any correspondence from Grow Financial. Please complete the contact information below:.

**Person coordinating credit union affiliation:**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone/Ext.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Secondary contact:**

Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Phone/Ext.: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Must the member buy a product or service in order to join the association?  Yes  No

Do your members pay dues?  Yes  No

Do members participate in the furtherance of the goals of the association (assist with fundraisers, volunteer for committees, attend workshops or training sessions, participate in group activities)?  Yes  No

Do your members have voting rights?  Yes  No

Does the association maintain a membership list?  Yes  No

Does the association sponsor other activities (seminars, training, workshops, social activities, etc.)?  Yes  No

Does the association have a specific and authoritative definition of who is eligible for membership?  Yes  No

Does the association hold periodic member meetings?  Yes  No

Is the association an independent entity and in existence for more than one year?  Yes  No

Name of person submitting request (please print): \_\_\_\_\_

Title of person submitting request: \_\_\_\_\_

Signature of person submitting request: \_\_\_\_\_

**For assistance completing this form, call 800.839.6328, ext. 2762. Please return to: Grow Financial Federal Credit Union Attn: Operations Support P.O.Box 89909 | Tampa, FL 33689 or e-mail to [segs@growfinancial.org](mailto:segs@growfinancial.org).**