

Association Partner Application

Please complete application, print, sign and mail or fax to Ascend Federal Credit Union. Attention: Business Development

Association Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Fax: _____ Web site: _____

Number of employees: _____ Number of members: _____

Nearest Ascend Financial Center: _____

Distance (in miles) from your association to the location entered above: _____

Is your association in the field of membership of another credit union? Yes No

If so, name of credit union: _____

Do you have a membership list? Yes No

Do your members pay dues? Yes No

Do members have voting rights? Yes No

Do you hold regular meetings? Yes No

Do you have an exact definition of who is eligible? Yes No

How would you classify your association? Educational Faith Based Fraternal Homeowners
 Labor Union Student Trade Other _____

Is your association interested in a business account? Yes No

President (if applicable): _____

Pastor (if applicable): _____

Treasurer: _____

Direct Number: _____ Email: _____

Secretary: _____

Direct Number: _____ Email: _____

You agree that upon approval, Ascend staff will be given the opportunity to present membership information to your members within thirty days.

Name: _____ Title: _____

Signature: _____ Date: _____

By submitting this application, you are requesting access for your members into Ascend Federal Credit Union.

REV. 5/10