

Membership Application / Renewal

January 1 - December 31, 2016

Payment Processing Center

1727 King St Suite 300 Alexandria, VA 22314

Phone (703) 688-2284

Fax (703) 348-7602

Credit Union Info	rmation			
Credit Union Name: Website:				
Credit Union CEO:	n CEO: Toll Free Number:			
Address:				
City:		ST: 2	Zip Code:	
DP Firm: Audit Firm:				
Memberships		Indicate # Members for Each Position		
☐ New Member	Annual Dues \$200 Per Member		Risk Manager / Risk Management	
☐ Renewal	\$200 Fet Methbet	Compliance Officer	Supervisory / Audit Committee	
Primary Member	Information	Privacy Information: D	Privacy Information: Do not include my name in the ACUIA Directory \Box	
First Name:		Last Name:		
Title:		Phone Number: ()	Extension:	
Fax Number*:		Email address*:		
Additional Members Information Privacy Information: Do not include my name in the ACUIA Directory ¹				
2. Name:				
3. Name:		Email address*:		
4. Name:		Email address*:		
5. Name:		Email address*:	_ 1	
6. Name:		Email address*:	_ _1	
7. Name:		Email address*:		
8. Name:		Email address*:	1	
		Email address*:	□¹	
*Fax and / or email will be used for member communications.				
Payment Information Payments to ACUIA are not deductible as charitable contributions for federal income tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code. Federal Tax ID # 39-1666875				
Credit Card: 🔲 🚾		☐ Check Enclosed #: _	TOTAL: \$	
Card Number:		Expiration Dat	e: Security Code: (mo/yr)	
Cardholder Name: Authorized Signature:				
Cardbolder Address:			Zin: Data:	