

Membership Application / Renewal

January 1 - December 31, 2019

Payment Processing Center 332 Commerce St Ste 100 Alexandria, VA 22314 Phone (703) 688-2284 Fax (703) 348-7602

Credit Union Info	rmation		
Credit Union Name: _		Website:	
Credit Union CEO:		Toll Free Number:	
Address:			
City:		ST: Zip Code:	
DP Firm:		Audit Firm:	
Memberships	Annual Dues \$200 Per Member	Indicate # Members for Each Position	
☐ New Member☐ Renewal		Internal Auditor Risk Manager / Risk Management	
		Compliance Officer Supervisory / Audit Committee	
Primary Member	Information	Privacy Information: Do not include my name in the ACUIA Directory □	ַ
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:		Email address*:	□¹
3. Name:		Email address*:	□ ¹
4. Name:		Email address*:	□ ¹
5. Name:		Email address*:	□ ¹
6. Name:		Email address*:	□ ¹
7. Name:		Email address*:	□ ¹
8. Name:		Email address*:	□ ¹
9. Name:		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:	MasterCard	Check Enclosed #: TOTAL: \$	
Card Number:		Expiration Date: Security Code: (mo/yr) (3 digit code on b	
		Authorized Signature:	
Cardholder Address:_		Zip: Date:	