## ENCLOSURE A

## USERNAME AND PASSWORD REQUEST FOR USE OF INTERNET FIELD OF MEMBERSHIP APPLICATION FORM

CREDIT UNION NAME: _	
CHARTER NUMBER: _	
CREDIT UNION MAILING	GADDRESS:
BOARD AUTHORIZED RE	EPRESENTATIVE:
TITLE:	
TELEPHONE NUMBER (II	NCLUDING EXTENSION):
FAX NUMBER (if applicab	le):
I want my personal identifica	ation number sent by (check one):
FAX	Regular Mail
By signing below, I certify the submit field of membership of	ne above named credit union representative is authorized by the Board to expansion requests.
Board Presiding Officer	Date
Print Name Board Presiding	Officer
REGIONAL OFFICES	
Region I – Albany	Telephone (518) 862-7400 Fax (518) 862-7420
Region II – Capital	Telephone (703) 519-4600 Fax (703) 519-4620
Region III – Atlanta	Telephone (678) 443-3000 Fax (678) 443-3020
Region IV – Chicago	Telephone (630) 955-4100 Fax (630) 955-4120
Region V – Austin	Telephone (512) 342-5600 Fax (512) 342-5620
Region VI – Pacific	Telephone (925) 363-6200 Fax (925) 363-6220