



APPLICATION FOR SELECT EMPLOYEE GROUP BUSINESS PARTNER

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Office Phone: _____ Cell Phone: _____

Web Site Address: _____

Contact Person: _____

Contact Phone No.: _____ Contact E-mail: _____

Briefly describe the type of business: _____

Corporation: _____ Partnership: _____ Sole Ownership: _____ Association: _____

Date Business was formed: _____ Current Number of Employees: _____

<i>Company Officers/Owners:</i>	<i>Titles:</i>
_____	_____
_____	_____
_____	_____

Are you associated with another credit union as a Select Employee Group Business Partner?
_____ If so, which one? _____

Submitted by: _____ *Name of Officer/Title* _____ *Date*

Return to: Greensboro Municipal Federal Credit Union
217 N. Greene Street
Greensboro, NC 27401
(336) 373-2090 Fax: (336) 373-5896 Attn: Marketing Department
hlyons@greensboromcu.org

For office use only:
Distance to nearest GMFCU branch SEG group has access to: _____
Address of nearest GMFCU branch group has access to: _____
Application approved: _____ *Jerry Wise, President/CEO* _____ *Date*

For NCUA use only:
Approved: _____ *Name:* _____
_____ *Title:* _____
_____ *Date:* _____