

**KEMBA DELTA Federal Credit Union**  
**Field of Membership Application for Associational Groups**

**Note: *Associational Groups must provide a copy of their most recent bylaws or equivalent documentation along with a completed application.***

Please complete application, sign and fax to (901) 795-9063;  
Or mail to KEMBA DELTA Federal Credit Union  
Attn: Business Development  
4095 American Way, Ste. 10  
Memphis, TN 38118

Group Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address (If different from mailing address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Nearest KEMBA Location: \_\_\_\_\_

How far is your group's headquarters from that location in miles? \_\_\_\_\_

Number of employee's/members (*5 minimum/2999 maximum*): \_\_\_\_\_ (If over 3000, please call 901-795-9055 before proceeding)

How would you classify your group?	Educational	Chamber of Commerce	Faith Based		
Fraternal	Homeowners	Labor Union	Student	Trade	Other/MISC*

\*Please Explain: \_\_\_\_\_

Do your members pay dues? Yes No

Do members participate in the furtherance of the goals of the association? Yes No

Do members have voting rights? Yes No

Does the association maintain a membership list? Yes No

Does the association sponsor other activities? (i.e. seminars, training, workshops, social activities, etc.) Yes No

Does the association have an exact definition of who is eligible for membership? Yes No

Does the association hold periodic meetings? Yes No

Website: \_\_\_\_\_

**Local Administration:**

President (If applicable): \_\_\_\_\_ Phone/Extension: \_\_\_\_\_

Pastor (If applicable): \_\_\_\_\_ Phone/Extension: \_\_\_\_\_

Other: \_\_\_\_\_ Phone/Extension: \_\_\_\_\_

Please list a **primary** and **secondary** contact for your organization. The PRIMARY contact will be responsible for Disseminating credit union information to your members.

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_ Email: \_\_\_\_\_

Name and title of person completing application: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any other information you wish to include with this application: \_\_\_\_\_

\_\_\_\_\_