

**Missouri Credit Union Association
New Credit Union Questionnaire**
(Date: _____)

Primary Contact	Secondary Contact
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Day Phone:	Day Phone:
Fax:	Fax:
E-Mail:	E-Mail:

Please provide the following:

- 1) A detailed description of the group(s) or area you wish to serve. Note: If your actual group is not a county, please provide the zip code and county your group is located in.

Sample Responses:

Group	Zip Code/County Group Located in
<i>First Baptist Church (Worship)</i>	<i>63135/St. Louis</i>
<i>XYZ Company (Employees, Family)</i>	<i>64108/Clay</i>
<i>Midtown Residents Association (Members)</i>	<i>63115, 63116, 63117/St. Louis City</i>
<i>63128 (Work/Reside)</i>	<i>St. Louis</i>
<i>Platte County (Work/Reside)</i>	<i>N/A</i>

Actual Response:

Group	Zip Code/County Group Located in

- 2) In what city or municipality will the credit union office be located?

- 3) Number of potential members: _____

How was this number determined?:

Company or Group Records
Commerce

Census Information

Chamber of

Other -- Please explain:

4) Have a minimum of 11 volunteers (willing to undergo an FBI background check) been identified to serve on the Board of Directors and other committees? Yes No (If no, how many? _____)

5) Has a manager been identified? Yes No

Manager will be a Volunteer Paid Employee

6) Has a specific location been identified for the proposed credit union? Yes No

If yes, please explain:

7) Have start-up funds been identified for operations? Yes No

If yes, please state source:

Organizer Signature

Date

Organizer Signature

Date

Note: To begin the process of organizing a credit union, please sign this document and return to:

Missouri Credit Union Association
Attn: Compliance
2055 Craigshire Drive
St. Louis, MO 63146
Fax: (314) 542-1392