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Associate Membership Application

Select membership level:	Community Develo	Community Development Associate)
	Community Develo	Community Development Champion		
	Community Develo	opment Leader	dues amount\$10,000)
	Community Develo	opment Visionary	dues amount\$25,000_ other amount	
Full Name of Organization				
Charter # (if applicable)		I		
Website address: http://				
Mailing Address				
Address				
City		State	Zip	
Main Telephone		Fax		
Street Address (if different t	than mailing address)			
Address				
City		State	Zip	
Name of CU Manager/CEO	1			
Telephone	ext#	Email		
Primary contact for Inclusiv	Communications?	O yes	O no	
Name of Board Chair				
Address				
City		State	Zip	
Telephone	ext#	Email		
Primary contact for Inclusiv	Communications?	O yes	O no	
Contact Person (if different	from above)			
Name		Title		
Address				
City		State	Zip	
Telephone	ext#	Email		
Primary contact for Inclusiv	Communications?	O yes	O no	
How do you prefer to receiv O email	e communications? O fax	🔾 regular mai	I	

Please detatch this page and send completed form to:

Inclusiv Attn: Member Services 39 Broadway, Suite 2140 New York, NY 10006-3063 212 809 1850 www.inclusiv.org



Please check the box that best describes your organization				
O Credit Union	O Association or League	O Other Industry Partner		
Non-Profit Org.	O Corporate Partner	Individual/Friend		
How did you hear of Inclusiv?				
O Another CU	○ State League	O NCUA or state examiner		
O Inclusiv mailing	O Meeting or Conference	O Publication		
Other (please explain)				

Please mail to:

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Questions or Comments?

Contact Jules Epstein-Hebert, Director of Membership at 800 437 8711 ext 211 or write to jhebert@inclusiv.org

For more information visit our web site www.inclusiv.org.

Thank you for your interest in the Inclusiv Credit Union Network!