



## NORTH CAROLINA CREDIT UNION DIVISION

### APPLICATION FOR FIELD OF MEMBERSHIP (FOM) EXPANSION

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The Administrator shall approve or disapprove the requested FOM expansion within 60 days of receipt of a completed application and supporting documents. The packet can be emailed to [support@nccud.nc.gov](mailto:support@nccud.nc.gov) or mailed to North Carolina Credit Union Division, 205 W. Millbrook Road, Suite 105, Raleigh, North Carolina 27609. Please maintain the original file at the credit union.

A completed packet includes this application and the following:

- Correspondence from credit union management that includes a summary of the reasons why the FOM expansion is considered desirable or necessary and what the proposed expansion will accomplish for the credit union.
- A copy of the signed Board minutes affirming the vote of two-thirds of the members of the Board's approval of the FOM expansion.
- The proposed wording of the bylaw amendment(s) that includes the requested FOM expansion.
- The credit union's most recent month-end financial statements (income statement and balance sheet) and delinquency summary report.
- Confirmation the company is registered and active with the NC Secretary of State (if applicable).

1. Credit Union Name:
2. Please complete the appropriate section depending on the type of FOM expansion requested:
  - Section A for Associational
  - Section B for Occupational
  - Section C for Community
3. Describe FOM to be added:
4. Date of credit union Board of Director's meeting approving the addition of the new group to the FOM:

5. Total number of the Board of Directors:
6. Number of Board of Directors attending meeting:
7. Number of Board of Directors voting in favor of FOM expansion:
8. Is the requested FOM included in any other credit union:
9. If so, please list the name(s) and location(s) of the other servicing credit union:
10. Describe the credit union's marketing plan for the requested field of membership:
11. Describe the credit union services offered to the requested field of membership and how these services will be available:

***The North Carolina Credit Union Division reserves the right to request additional information in consideration of your request.***

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Credit Union Officer

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Title

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Date

## **SECTION A – FOM EXPANSION – ASSOCIATIONAL**

**Please complete one form for each requested association.**

1. Name and street address of the organization to be included in the FOM:

a. In what year was the organization established?

b. Is it incorporated?

c. Number of persons in this group:

d. Total number of potential members: .

e. Where is the headquarters located?

2. Are the officers of the organization favorable to the expansion of the credit union?

If so, please provide a signed letter, on letterhead stationery from the association, requesting credit union services.

3. Please provide the name, title, and telephone number of the association's point of contact:

4. Describe how the association will encourage membership:

5. What is the geographic territory where members reside:
  
  
  
  
  
  
  
  
  
  
6. Provide the address and distance to the nearest credit union service facility for access:
  
  
  
  
  
  
  
  
  
  
7. Submit the following organizational documents: current bylaws, the constitution, articles of incorporation, or equivalent documentation and most recent month-end financial statements (income statement and balance sheet), with this application.

## SECTION B – FOM EXPANSION – OCCUPATIONAL

**Please complete one form for each SEG.**

1. Name and street address of the business to be included in the FOM:

- a. In what year was the business established?
- b. Is it incorporated?
- c. Number of employees:
- d. Number of potential members:
- e. Where is the headquarters located?

***\*\* If the number of potential members exceeds 3,000, additional documentation is required.  
Please contact NCCUD for more information.***

2. Describe the business operation.

3. Is the management of the business favorable to the inclusion in the FOM?

If so, please provide a signed letter, on letterhead stationery from the business, requesting credit union services.

4. What services will the business provide for the credit union? (e.g. office space, payroll deduction, etc.)

5. Describe how the business will encourage membership:

6. If the employees to be served by the credit union work in more than one location or city, identify each location with the corresponding number of employees.

Location	Number of Employees

7. Are the employees paid from the same location?

8. If yes to above, list the location of the payroll department:

9. What is the geographic territory where employees reside?

10. Provide the address and distance to the nearest credit union service facility for access:

## SECTION C – FOM EXPANSION – COMMUNITY

**Please complete one form for each community.**

1. Identify the neighborhood, community, or rural district which the credit union will serve:
2. Provide a map that clearly outlines the credit union's proposed boundaries.
3. Provide the address and distance to the nearest credit union service facility for access:
4. Please list all other financial institutions that are located within the identifiable neighborhood, community, or rural district that the credit union will serve.

Name of Financial Institution	Location

5. Please provide two letters of support from business, political, civic, or religious leaders for each identifiable neighborhood, community, or rural district that the credit union will serve. The letters should include the leaders' support of the credit union and benefits to the area. Include signatures on all letters. Elected representatives can provide letters for multiple counties/areas they represent.