

Date:

CEO and Board of Directors
Allied Healthcare Federal Credit Union
P.O. Box 93124
Long Beach, CA 90809-3124

Our Organization requests to be included in Allied Healthcare Federal Credit Union's field of membership. As partner/shareholder or duly authorized officer of the company, I certify the following statements to be true and correct.

Our Corporation/Company Name

Address

We are located approximately _____ miles from Allied Healthcare FCU nearest office. (If multiple locations, an additional sheet is attached with locations and miles from Allied Healthcare FCU nearest office).

Our organization was established in the year _____ and includes _____ employees currently on staff.

Our organization **does** **does not** (*check one*) currently offer credit union membership as an **employee benefit from another credit union.**

(If yes) Name of the Other Credit Union

We have included a recent copy of our Charter and By Laws or equivalent documents.

Sincerely,

Owner/Partner or Authorized Officer