



NEW MEMBERSHIP or RENEWAL APPLICATION

P.O. Box 1612
Shreveport, LA 71165

Telephone: 866-782-2282
Fax: 813-636-2177

Renewal New

Internet: www.aacuc.org

E-Mail: aacuc@aacuc.org

NAME:	TITLE:
ORGANIZATION:	ADDRESS:
CITY, STATE, ZIP:	PHONE:
FAX:	E-MAIL:

AACUC Mission Statement

Increase the strength of the global credit union movement.

Please complete the information above and mail form along with a check to:

AACUC
P.O. Box 1612
Shreveport, LA 71165

Check enclosed for the following membership:

INDIVIDUAL

(Must work in a credit union)

CEO - \$50.00 Volunteer - \$50.00 Staff - \$50.00 Student - \$50.00

CREDIT UNION MEMBERSHIP*

A. \$50 million and below - \$250.00
 B. \$51 million to \$100 million - \$500.00
 C. \$101 million and above - \$1,000

CHAPTER MEMBERSHIP**

(Must be a member of AACUC to join a local Chapter.)

Regional Chapter - \$25.00

**Per Individual

CORPORATE/LEAGUE/TRADE ASSOCIATION MEMBERSHIP*

\$1000.00

Referred by: _____

I and/or my organization paid dues in 2011: Yes No

*Includes three individual Memberships per organization, please list the additional two individuals:

NAME:	NAME:
TITLE:	TITLE:
PHONE:	PHONE:
E-MAIL:	E-MAIL: