

**APPLICATION FOR SELECT GROUP  
EXPANSION OF THE FIELD OF MEMBERSHIP**

This is an application of the credit union named below to add the following named select group to its field of membership. The application form must be completed fully or it will be returned to the credit union for completion and resubmission. The Division reserves the right to request additional information relating to the field of membership expansion, as provided by rule 1301:9-2-17 of the Ohio Administrative Code. Please type or print all answers.

When a group is eligible for membership in another credit union, an overlap of credit union services exists. If an overlap exists, the applicant credit union must pursue one or more of the options noted below and must include with this application written evidence, which resolves any overlap situation.

- A) The applicant credit union may enter into an agreement with the credit union which currently has the group within its field of membership permitting the two credit unions to service the group simultaneously; or
- B) The select group may seek a voluntary release from the credit union which currently has the group within its field of membership; or
- C) The select group may initiate disaffiliation proceedings in accordance with rule 1301:9-2-18 of the Ohio Administration Code\*, or
- D) The applicant credit union may request that the Division consider justifications for overlap by meeting the requirements set forth in rule 1301:9-2-16(D)(1)(b)(iv) of the Ohio Administration Code\*.

*\* Options C and D are both subject to approval by the Division*

To assist in the application process, a credit union may verify if the proposed select group is already in another credit union's field of membership by calling the Division's corporate Section at (614) 728-8400.

1) Name of applicant credit union: Sharefax Credit Union, Inc  
604 Ivy Gateway  
Cincinnati, Ohio 45245

Contact person: Deb Lopez Email: dlopez@sharefax.org Phone: (513) 753-2440 ext.8511

2) Complete legal name of select group (For example, a corporation should use the legal name of the corporation as set forth in its articles of incorporation):

\_\_\_\_\_

Doing business as (DBA) (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, as authorized representative of the above-named select group, hereby request service from the applicant credit union on behalf of the select group, and certify that the above-named select group (check one) is \_\_\_ or is not \_\_\_ currently being served or eligible to be served by another credit union.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Email address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

3) The common bond for the select group must be either occupational or association. A common bond of occupation exists when the members of the group are employed by a single employer. A common bond of association exists when the members of the group belong to a single organization, club or association.

The proposed select group's common bond is (select one): Occupational \_\_\_\_\_ Associational \_\_\_\_\_

4) What is the approximate number of persons in the proposed select group? \_\_\_\_\_

5) How many people in the proposed select group are likely to become members of the credit union? \_\_\_\_\_

6) What is the distance between the select group's work/meeting place and the nearest credit union office? \_\_\_\_\_

7) The nearest office is: the home office \_\_\_\_\_ a service facility \_\_\_\_\_

Please give the address of the nearest credit union office to the group, if it is not the home office:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

8) Will the credit union be offering payroll deduction services to the group? Yes \_\_\_\_\_ No \_\_\_\_\_

9) Does the addition of the select group involve expansion of the credit union's services beyond the boundaries of the State of Ohio? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" please list which state(s) would be affected: \_\_\_\_\_

**Please provide the following additional information for use by the credit union only:**

CEO/President: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Description: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Contact: Email Phone

Payroll Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Contact: Email Phone

For Office Use Only

**CERTIFICATION, SIGNATURE AND TITLE OF CREDIT UNION OFFICIAL**

I, the undersigned officer of the above-named credit union, do hereby certify to the Ohio Division of Financial Institutions that by an affirmative vote of \_\_\_\_\_ of the Board of Directors at a meeting, at which quorum has present, held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a resolution was approved authorizing the above-named select group to be included within the credit union's field of membership.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_