MACUMA

Credit Union Membership Application for 2020

Membership Information

Profile Information

Credit Union Name:	
Assets:	Number of Members:
Address:	Phone: Fax: Website:

Staff

List any staff members here who you wish to be affiliated with this record. A primary billing and/or contact staff member is required for processing.

Name	Title	Email	Phone Number	Include in directory (Y/N)	Primary billing contact	Primary CU contact

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Payment Information

	Tier	Fee
Note: Your Credit Union's dues tier depends upon your total assets. Please select your appropriate category to the right.	1 – Up to $50,000,000	$0
	2 - >$50,000,000 to $100,000,000	$0
	3 - >$100,000,000 to $200,000,000	$599
	4 - >$200,000,000 to $500,000,000	$699
	5 - >$500,000,000	$899

Payment method: Credit card _____ Check _____ (Check payments are preferred.)

Credit card information

Total Authorized: _____

Card number:_____Expiration date:_____ CVV number:_____

Name on card: _____Billing Zip: _____

Signature: _____ Date: _____

Upon processing, your membership will be current through December 2019.

Return your membership form to:
MACUMA
1300 Piccard Drive, Suite LL.14

Rockville, MD 20850
operations@macuma.org