



AFFILIATE MEMBERSHIP

\$1,495 FOR ACCESS UNTIL DECEMBER 31, 2023

MAIN CONTACT INFORMATION

First Name _____

Last Name _____

Address Line 1 _____

Address Line 2 _____

City _____

State/Province _____

Zip/Postal Code _____

Organization Name _____

Your Title _____

Phone (999-999-9999) _____

Email _____

BRIEF DESCRIPTION OF BUSINESS

APPLICATION DATE _____

BILLING MAIN CONTACT INFORMATION

Who is the main contact to receive membership dues invoices?

Name _____

Email _____

BUSINESS RELATIONS

List some of the credit unions you do business with:

■ CU Name _____

Contact name _____

■ CU Name _____

Contact name _____

■ CU Name _____

Contact name _____

■ CU Name _____

Contact name _____

■ CU Name _____

Contact name _____

HOW DID YOU HEAR ABOUT ACUMA?

YES! I WOULD LIKE TO RECEIVE EXCLUSIVE ACUMA MEMBER INFORMATION VIA EMAIL.

Email this application to teamacuma@acuma.org.

Contact Camryn Hinton with any questions. camryn@acuma.org or 877.442.2862