



## KANSAS DEPARTMENT OF CREDIT UNIONS

### APPLICATION FOR A CHANGE IN FIELD OF MEMBERSHIP

\_\_\_\_\_  
(Name of Credit Union)

\_\_\_\_\_  
(Current Street Address and Mailing Address of Main Office)

\_\_\_\_\_  
(Name and Telephone Number of Person to Contact Regarding this Application)

Submit the original application and supporting documentation by e-mail, facsimile or U.S. Mail to:

Administrator  
Kansas Department of Credit Unions  
109 S.W. 9<sup>th</sup> Street, Suite 610  
Topeka, Kansas 66612  
E-mail [kdcuoffice@kdcu.ks.gov](mailto:kdcuoffice@kdcu.ks.gov)  
FAX (785) 296-6830

\_\_\_\_\_  
**1. The proposed change in field of membership is to:**

- A group having a single common bond of occupation.

Identity of the group: \_\_\_\_\_

- A group having a single common bond of association.

Identity of the association: \_\_\_\_\_

- A group having multiple common bonds of occupation:

Identity of all occupational groups: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- A group having multiple common bonds of association:

Identity of all associational groups: \_\_\_\_\_

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- A group having a combination of occupational and associational groups:

Identity of all occupational and associational groups: \_\_\_\_\_

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If the membership of the proposed multiple or combination common bond group will exceed 3,000, will the employer or association be located in the geographic area of the credit union?

- Yes
- No

If the membership of the proposed multiple or combination common bond group will exceed 3,000, would it be feasible or reasonable to establish a new *single* common bond field of membership?

- Yes
- No

If "no", is this because a *single* common bond membership would:

- (a) lack sufficient volunteer and other resources to support the efficient and effective operation of a credit union?  Yes  No
- (b) be unlikely to succeed?  Yes  No
- (c) be unlikely to operate in a safe and sound manner?  Yes  No

- Persons residing, working, or worshipping in, or organizations located within, a geographic area as indicated below:

- a single political jurisdiction (*i.e.*, a city, county, township or clearly identified neighborhood);
- multiple contiguous political jurisdictions with an aggregate total population of no more than 500,000; or
- if the headquarters of the credit union is located in a MSA (metropolitan statistical area), the geographic area may include one or more political jurisdictions which share a common border to the MSA if the aggregate total of the population of the geographic area does not exceed 1,000,000.

**With this application, provide a map that indicates the included political jurisdiction(s) and the population of each jurisdiction based on the most recent U.S. census. Census data can be found at [http://www.kssos.org/resources/kansas\\_census.html](http://www.kssos.org/resources/kansas_census.html).**

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In support of this application, applicant has hereby made the aforementioned statements and representations, and submits this information, based upon the factors as outlined for the purpose of inducing the Administrator of the Kansas Department of Credit Unions to approve the application for the current Kansas chartered credit union.

Applicant hereby authorizes the Administrator of the Kansas Department of Credit Unions to conduct any investigation, examination or review of the condition of the applicant credit union and to provide any other material as requested by the Administrator.

**ATTESTATION**

Applicant affirms that the information contained in this application has been prepared at the direction of the Board of Directors and that it is accurate and complete to the Applicant's best knowledge and belief.

\_\_\_\_\_  
(Credit Union)

By \_\_\_\_\_  
(Authorized Officer)

\_\_\_\_\_  
(Title)

**Important**

This notice, or one similar to it, must be published for two consecutive weeks in the Kansas Register within 60 days of and prior to the effective date of the proposed field of membership change or alteration. The Kansas Register is published every Thursday; the deadline is one week before the desired publication date. The Kansas Register will send the affidavit of publication to the Administrator, Kansas Department of Credit Unions. The bill for the publication will be sent directly to the credit union.

Submit this form by e-mail or U.S. Mail to [kdcuoffice@kdcu.ks.gov](mailto:kdcuoffice@kdcu.ks.gov)  
Michael D. Baugh, Financial Examiner Administrator  
Kansas Department of Credit Unions  
109 S.W. 9<sup>th</sup>, Suite 610  
Topeka, Kansas 66612  
(785) 296-3021 FAX (785) 296-6830

**FIELD OF MEMBERSHIP CHANGE OR ALTERATION**

\_\_\_\_\_  
(Name of credit Union)

\_\_\_\_\_  
(Street address)

\_\_\_\_\_, \_\_\_\_\_  
(City) (State)

intends to change or alter its field of membership or has filed (circle one) an application with the Kansas Department of Credit Unions to change or alter its field of members by (include a brief description of the change or alteration).

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