

Name of Business: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

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

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

Phone Number: \_\_\_\_\_

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

Website: \_\_\_\_\_

**Mail Signed Original To:**

Meridian Trust Federal Credit Union  
Attn: Business Development Department  
PO Box 548  
Cheyenne, WY 82003

*For Faster Processing, FAX To: 307-778-5441*

The employees of our business, \_\_\_\_\_, would like to be eligible for membership in Meridian Trust Federal Credit Union. Our business would have no liability regarding any employee's dealings with Meridian Trust Federal Credit Union.

We have been in business for \_\_\_\_\_ years and have \_\_\_\_\_ employees. Our business provides \_\_\_\_\_ to the community.

We are located \_\_\_\_\_ miles away from the nearest office of the Credit Union. Our employees would be willing to travel this distance to enjoy the benefits of Credit Union membership.

If you have any questions or require any further information, please contact me.

Sincerely,

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Please print.