



Sponsor Information Sheet

Company Name _____

Physical / Mailing Address _____

Phone No. (____) _____ Fax No. (____) _____

Total number of employees to be served: Full-time # _____ Part-time # _____

Brief Description of the Company's Business _____

If there is a parent company, give name and address _____

The official liaison between the company and Members Credit Union:

Name _____ Title _____

Phone No. (____) _____ ext. _____ E-mail address _____

The payroll contact person for your company:

Name _____ Title _____

Phone No. (____) _____ ext. _____ E-mail address _____

If Members Credit Union will not be serving the entire company, here is the information for each location to be served:

Name of Facility _____ Number of employees _____

Mailing / Physical Address _____

Representative Name / Title _____

Phone No. (____) _____ Ext _____, Fax No. (____) _____ e-mail _____

Print name: _____

Signature: _____

Members Credit Union
P. O. Box 5297
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Winston-Salem, NC 27103
(336) 748-4800 or (800) 951-8000