

# New Business Membership Request



COASTAL COMMUNITY  
CREDIT UNION

Date form submitted:

## 1 PROCESS TO INITIATE MEMBERSHIP OPENING

1. Complete all applicable fields in **Section 2**.
2. Gather and provide required documents for your business/organization.
3. Then refer to **Section 4** to submit membership request.

## 2 BUSINESS/ORGANIZATION INFORMATION

### Business information:

Legal Name of Organization					
Trade Name (if applicable)					
Incorporation Number					
Nature of Principal Business					
Mailing Address					
Legal Address					
Phone		Fax		Website	

### Business type:

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Strata
<input type="checkbox"/> Partnership	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Corporation	<input type="checkbox"/> Registered Society

### Designated Contact Person (must be one of the signers):

Name				Preferred contact
Phone	home		cell	<input type="checkbox"/> Phone
Email				<input type="checkbox"/> Email

## 3 SIGNER INFORMATION

Full Legal Name				
Address				
Phone	home		cell	Preferred contact
Email				<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization				

Full Legal Name				
Address				
Phone	home		cell	Preferred contact
Email				<input type="checkbox"/> Phone <input type="checkbox"/> Email
Position in Organization				

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Full Legal Name					
Address					
Phone	home		cell		Preferred contact
Email				<input type="checkbox"/> Phone <input type="checkbox"/> Email	
Position in Organization					

List the Full Legal Names of **ALL** signers once membership set up is completed:

	Full Legal Name	Position	Able to sign documents electronically	Requires access to:	
				Online Banking	Debit Card
1.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
2.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
3.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
4.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
5.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
6.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
7.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
8.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
9.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
10.			<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

Tick the boxes of additional products/services your organization may be interested in:

<input type="checkbox"/> Business Cheques	<input type="checkbox"/> Business Mastercard
<input type="checkbox"/> Payroll Services	<input type="checkbox"/> Point of Sale Services

Signatures of **TWO** Authorized Signatories acknowledging the membership opening request:

- Sole Proprietorships only require one signature.
- Refer to Authorized Signatory vs Authorized User Descriptions.

1.		
	Authorized Signatory <b>Name</b>	Authorized Signatory <b>Signature</b>
2.		
	Authorized Signatory <b>Name</b>	Authorized Signatory <b>Signature</b>

## 4 SUBMIT REQUEST

APPENDIX ATTACHED: YES  NO

- Submit the completed form **and** required documents to the Credit Union employee assisting you **or** your preferred branch.
- The assigned Credit Union employee will update the designated contact person with next steps.

**IMPORTANT:** the membership opening **will not be effective** until all required documentation is signed and received, and the designated contact person has been notified the process has been completed.