

**GATEWAY CREDIT UNION–MEMBERSHIP APPLICATION**  
For a Group, Organization or Company

Is your medical organization interested in offering the no-cost, no-strings attached benefit of credit union membership to its staff and their family?

**Please print this form, complete and mail, fax or bring by the credit union office.**

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

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

\_\_\_\_\_

E-Mail: \_\_\_\_\_

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