



APPLIED RESEARCH INSTITUTE APPLICATION FOR MEMBERSHIP

Member Information

Please select membership type and indicate name under which membership will be held:

Credit Union: _____

Organization: _____

Individual: _____

Contact (if credit union or organization membership): _____

Contact's Title: _____

Mailing Address: _____

Street Address

City

State

Zip

Phone: _____ Fax: _____ Email: _____

Initial Contribution —New Members

CU Assets Under \$20M	\$250
CU Assets \$20M – \$50M	\$500
CU Assets \$50M – \$100M	\$1,000
CU Assets \$100M+	\$2,500
Organizations	\$25,000

Annual Renewal Dues—Members

CU Assets Under \$20M	\$100
CU Assets \$20M – \$50M	\$150
CU Assets \$50M – \$100M	\$250
CU Assets \$100M+	\$500
Organizations	\$500

Payment:

Initial Contribution Payment of \$_____ is enclosed. *(Please make check payable to: Applied Research Institute.)*

OR

Please transfer \$_____ from the credit union's WesCorp Account Number: _____

(For WesCorp transfers, this form must be mailed, as an original signature is required.)

Signature of authorized WesCorp signer: _____

The above signature MUST BE AN AUTHORIZED WesCorp signature.

Please send your completed form to:

Applied Research Institute, c/o Davina Law
California & Nevada Credit Union Leagues
PO Box 51476
Ontario, CA 91761-0076