



**Sunrise Family Credit Union**  
**Application for Partner Company**

Name of Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Website Address/URL \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact Email \_\_\_\_\_

Briefly describe type of business \_\_\_\_\_

Business is (check one)      Corporation      Partnership      Sole Ownership      Association

Date business was formed \_\_\_\_\_ Present number of employees \_\_\_\_\_

Company Officers	Titles
_____	_____
_____	_____
_____	_____

Do you have a credit union in MI (Y/N)? \_\_\_\_\_ If yes, which one? \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date \_\_\_\_\_

Name of Company Officer & Title

Return To: Sunrise Family Credit Union  
404 S Euclid Ave  
Bay City, MI 48706  
Fax: (989) 686-2552 – Attention: Debbie VanIdour  
Email to: [dvanidour@sunrisefamilycu.org](mailto:dvanidour@sunrisefamilycu.org)  
Questions? Call (800)589-1079 and ask for Debbie VanIdour

For SFCU office use only:  
Distance to nearest credit union branch group has access to: \_\_\_\_\_  
Address of nearest credit union branch group has access to: \_\_\_\_\_

Application approved: \_\_\_\_\_ Date: \_\_\_\_\_

Debbie VanIdour, Director of Marketing