



Sunrise Family Credit Union
Application for Partner Company

Name of School _____

Address _____ Phone _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

Website Address/URL _____

School Contact _____ Title _____

Contact Phone _____ Contact Email _____

Briefly describe your school motto/mission _____

Date School was formed _____ Present number of employees _____

Principal	Secretary	Alternate
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_____	_____	_____
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Contact Phone		
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_____	_____	_____
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Email address		
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_____	_____	_____
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Do you have a credit union in MI (Y/N)? _____ If yes, which one? _____

Submitted by: _____ Date _____

School Contact

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
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