

**Kansas Department of Credit Unions  
APPLICATION FOR KANSAS CREDIT UNION CHARTER**

**1. Name and addresses of proposed credit union organizers (a minimum of seven):**

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

**2. Name of Principal Organizer**

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____	_____

**3. Name of proposed credit union:** \_\_\_\_\_

**4. Describe the proposed credit union's field of membership:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Number of potential credit union members:** \_\_\_\_\_

**6. Office of proposed credit union will be located at:** \_\_\_\_\_  
\_\_\_\_\_

**7. Attach a business plan projecting financial performance until credit union obtains profitability.**

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8. Do any of the proposed credit union organizers or volunteers have credit union or banking experience:

- Yes
- No

9. Would the proposed credit union qualify for “Low Income Designation”? (K.S.A. 17-2204 (o) and K.A.R. 121-1-1)

- Yes
- No

10. Please attach a list of the proposed credit union organizers including names, street addresses, telephone numbers and e-mail addresses.

For additional assistance contact KDCU at (785) 296 3021 or mail [kdcu.office@ks.gov](mailto:kdcu.office@ks.gov)

Submit this form by e-mail or U.S. Mail to: [kdcu.office@ks.gov](mailto:kdcu.office@ks.gov)

**Kansas Department of Credit Unions**  
**700 SW Jackson Street, Suite 803**  
**Topeka, Kansas 66603**  
**(785) 296-3021 FAX (785) 296-6830**