

Maryland & District of Columbia Credit Union Association
Business Partnership Profile
Please type or print

Company Name: _____

Address: _____

Telephone: _____

Fax: _____

Web site Address: www. _____

Contact's Name: _____

E-mail Address: _____

PRODUCT/SERVICE: Describe in detail all products or services you provide for credit unions:

SPECIALTY: Is there a particular product or service you consider your specialty? If so, how does your product or service satisfy a strategic need for MDDCCUA Member Credit Unions?

BENEFIT: How will MDDCCUA Member Credit Unions benefit from an alliance between MDDCCUA and your company? *(Include information on volume pricing, discounts or other benefits you could offer)*

BACKGROUND: Provide background information on your company, i.e., years in business, reputation, etc.:

OTHER: Include any other pertinent information on your product or service, if you wish. Attach brochures, annual report, etc.

REFERENCES: Provide three (3) references, preferably credit unions, which have used your company:

1. Company/Organization: _____
Address: _____
Telephone: _____
Contact Name: _____

2. Company/Organization: _____
Address: _____
Telephone: _____
Contact Name: _____

3. Company/Organization: _____
Address: _____
Telephone: _____
Contact Name: _____

Signature

Date

Send this application to:

MDDCCUA
8975 Guilford Road, Suite 190
Columbia, Maryland 21046
Attention: Paul Rosenberger

After your application has been reviewed and processed, we will contact you regarding the membership contract and marketing opportunities.

*Thank you for your interest in the
Maryland & District of Columbia Credit Union Association!*

Rev. 02/06