



Select Employee Group Request Form

Date: _____

The company/organization listed below does hereby apply to become a Select Employee Group (SEG) of Saginaw County Employees Credit Union.

This request will allow all employees of the company/organization and their families to become eligible to receive the benefits of membership through Saginaw County Employees Credit Union.

The Company/Organization understands that there is no cost involved in this request and that the request is for the purpose of extending membership as a benefit to the companies/organization's employees and or members.

Company / Organization Name

Street Address

City: _____ State: _____ Zip: _____

Company Telephone: _____ E-Mail Address: _____

Number of Employees: _____ Current Credit Union (if any): _____

X _____
Signature of President/Acting Officer of the Company/Organization

Name: _____ Title: _____