

## **Credit Union Department**

**Filing Instructions:** 

Mail or email this completed application form to: Credit Union Department 914 East Anderson Lane Austin, Texas 78752 Email: <u>isabel.velasquez@cud.texas.gov</u>

## APPLICATION TO AMEND BYLAWS (SECTION 3.01) (For Corrections to or Reorganizations of FOM)

## TO THE CREDIT UNION COMMISSIONER OF TEXAS:

|     |  |                    | Credit Union         |  |
|-----|--|--------------------|----------------------|--|
|     | ,  | Texas              |                      |  |
|     | (mailing address)  | (city)             | (zip)                |  |
| т   |  |                    |                      |  |
| 1,  | (name)   | _,(title           | e or position)       |  |
| ree | the credit union, file this application to amend Section 3.01 of its organize the credit union's field of membership (FOM) in accordated the tredit Union Act and Title 7, Section 91.301 of the Texas Administree of texas A | nce with Section 1 |                      |  |
| 1.  | The text of the proposed amendment is attached as Exhibit "A"  |                    |                      |  |
| 2.  | The board of directors of the credit union, at a duly constituted meeting, approved the amendment on   |                    |                      |  |
|     | , 20, and authorize  | d and directed th  | e submission of his  |  |
|     | application. There were members present and  | votes were c       | cast in favor of the |  |
|     | amendment and votes were against.  |                    |                      |  |

3. The purpose of the amendment is as follows:

| 4. Does the amendment expand the FOM of the  | credit union? | Yes               | No              |         |  |  |  |
|--|---------------|-------------------|-----------------|---------|--|--|--|
| (If Yes is checked, do not submit this application. You must submit the application for the appropria<br>Community of Interest the amendment will expand.) |               |                   |                 |         |  |  |  |
| VERIFICATION   |               |                   |                 |         |  |  |  |
|  |               |                   |                 |         |  |  |  |
| STATE OF   |               |                   |                 |         |  |  |  |
| COUNTY OF  |               |                   |                 |         |  |  |  |
|  |               |                   |                 |         |  |  |  |
|  | , being dul   | y sworn, on (his/ | 'her) oath depo | ses and |  |  |  |
| says: "I am the  | of            |                   | Credit          | Union   |  |  |  |
| and acting pursuant to resolution of board of directors of said credit union, I am filing this application;  |               |                   |                 |         |  |  |  |
| and I have reviewed all statements, facts and representations contained in this application, including all   |               |                   |                 |         |  |  |  |
| Exhibits, and they are true and correct."  |               |                   |                 |         |  |  |  |
|  |               |                   |                 |         |  |  |  |

Name

Title