

SCIENCE PARK FEDERAL CREDIT UNION MEMBERSHIP APPLICATION

NAME _____

ADDRESS _____

PHONE _____

CELL PHONE _____

E MAIL (IF APPLICABLE) _____

COMPANY NAME (ELIGIBILITY) _____

Please fill out the information and forward a copy by mail, fax, or email. A Member Service Representative will send the required documentation needed to start an account with the Credit Union.

MAIL:

Science Park Federal Credit Union

2 Amity Rd.

New Haven, CT. 06515

PHONE: 203-786-5885

FAX: 203-786-5886

EMAIL: SCIENCEPARKFCU@SCIENCEPARKFCU.ORG