

Date

Sales Team First Harvest Credit Union PO Box 5530 Deptford, NJ 08096

Dear First Harvest Credit Union,

Our organization (name) is requesting membership in First Harvest Credit Union. We are located at (provide full address and number of locations) and have a total of _____ members (or _____ full-time and _____ part time employees.) Our membership/employee base is made up of (administrators, business owners, clerical, etc.)

Our organization/company is in the business of (describe your business) and we have been in existence for _____ years. Our organization/company (name) is located approximately _____ miles from First Harvest Credit Union's branch in (location of branch.) Please forward our request for necessary approval.

Sincerely,

Authorized Representative Signature Authorized Representative Printed Name & Title

T: (856) 232-9000 Toll Free: (800) 582-7640 firstharvestcu.com