

COASTAL COMMUNITY AND TEACHERS CREDIT UNION
CREDIT UNION REPRESENTATIVE PROGRAM

2004-2005 CONTACT INFORMATION

Designated Representative _____

Title _____

Representing (school, organization or business) _____

District/Office _____

Representative Mailing Address Home/Work _____

Please circle either home/work address upon completion.

Representative Phone (H) _____ (W) _____

(Email Address) _____ (FAX) _____

Approximate number of staff being represented _____

Would you like to schedule a Credit Union visit to your school/organization/business?

If yes, please list contact for appointment _____

Principal/Manager/Owner Signature _____

Date _____

Your input is invaluable to us! Please list below any suggestions for the Representative program that you may have or any particular topics that you would like to see highlighted at an upcoming Representative meeting. Thank you!

Please mail or fax to: FAX NO. (361) 986-0643

Coastal Community And Teachers Credit Union
Attn: Gina Prince, President
6810 Saratoga Boulevard
Corpus Christi, TX 78414

I may be reached by calling (361) 985-6810 or email gprince@ccatcu.com.