

COASTAL COMMUNITY AND TEACHERS CREDIT UNION
CREDIT UNION REPRESENTATIVE PROGRAM
(Please complete a new one each year, thank you!)

2011-2012:::CONTACT INFORMATION

Designated Representative _____

Title _____ Are you a CCATCU member? _____

Representing (school, organization or business) _____

District/Office _____

Which branch is closest to you? _____

Representative Mailing Address Home/Work _____

Please circle either home/work address upon completion.

Representative Phone (H/C) _____ (W) _____

(Email Address) _____ (FAX) _____

Approximate number of staff being represented _____

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

A representative will receive \$25 for each scheduled meeting with their school/organization.

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 email, fax to: FAX NO. (361) 986-0176 or mail to:

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.