

Refer-A-Family Member Form*

New Member Name _____ Current Member Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Daytime Phone _____ Daytime Phone _____

Email Address _____ Email Address _____

Office Use: New Member # _____ Current Member # _____

Date Received _____

*Valid 10/1/08– 12/31/08 only. New member must present referral form at time of membership application and open a deposit account. \$10 deposit into new membership account must be kept on deposit for a period of 90 days. Immediate family members are eligible – spouse, children, parents, siblings, grandparents and grandchildren. Only one referral form per new member. Find extra referral forms online at www.membersheritage.org, at all branches, or we will accept photocopied forms. WEB

Refer-A-Family Member Form*

New Member Name _____ Current Member Name _____

Address _____ Address _____

City, State, Zip _____ City, State, Zip _____

Daytime Phone _____ Daytime Phone _____

Email Address _____ Email Address _____

Office Use: New Member # _____ Current Member # _____

Date Received _____

*Valid 10/1/08-12/31/08 only. New member must present referral form at time of membership application and open a deposit account. \$10 deposit into new membership account must be kept on deposit for a period of 90 days. Immediate family members are eligible – spouse, children, parents, siblings, grandparents and grandchildren. Only one referral form per new member. Find extra referral forms online at www.membersheritage.org, at all branches, or we will accept photocopied forms. WEB