

# Here's your GMCU Refer-A-Member Form!

- Yes, I have confirmed with the following family members that they would like to join Greensboro Municipal Credit Union, OR
- Yes, I have confirmed with the following business associates that they would like to join Greensboro Municipal Credit Union.

My Membership Number (required)

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Sponsor Member's Signature/Phone/Email

Name(s) of Referrals:

**1** Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_

**2** Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to Member: \_\_\_\_\_

**Please give this form to the member you are referring so they may return the completed form to:**

**Greensboro Municipal Credit Union**

Attention: Member Services, 217 N. Greene St., or 2200 Soabar Street  
or Fax to: (336) 373-5896 Greene Street or (336) 373-5556 Soabar

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