



REFER A FRIEND

Make a difference

Refer a NEW member!

Simply complete the referral form below, give it to a co-worker, neighbor, friend or family member and have them bring the form in to open an account.

Referring Member

Please print clearly and list your name as it appears on your account.

NAME _____

PHONE _____

EMAIL _____

Members Source Credit Union use only

NEW MEMBER NAME _____

ELIGIBILITY _____

ACCOUNT # _____ MSR INITIALS _____

Merrillville

8580 Virginia St.
Merrillville, IN 46410

Griffith

510 N. Broad St.
Griffith, IN 46319

Dyer

Franciscan Health
24 Joliet St.
Dyer, IN 46311



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