



# 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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