



MEMBER INFORMATION <i>(If more than two (2) joint tenants, complete additional form(s).)</i>		Membership No.
Member Name		SIN Date of Birth
Joint Tenant Name		SIN Date of Birth
Current Address <i>(street, city, province, postal code)</i>		Home Phone No. Work Phone No.
New Address <i>(if known) (street, city, province, postal code)</i>		Home Phone No. Work Phone No.
Email Address		

CURRENT CREDIT UNION INFORMATION			NEW CREDIT UNION INFORMATION		
Current Credit Union Name (the "Current Credit Union")			New Credit Union Name (the "New Credit Union")		
Address <i>(street, city, province, postal code)</i>			Address <i>(street, city, province, postal code)</i>		
Phone No.	Fax No.	Transit No.	Phone No.	Fax No.	Transit No.
Branch Manager Name			Branch Manager Name		
Referred By <i>(first and last name)</i>			Referral Taken By <i>(first and last name)</i>		
Current Account No.(s)	Total Relationship <i>(including demand accounts, shares, term deposits, RRSPs, RRIFs, lines of credit, mortgages, etc.)</i>		Appointment Date and Time		
	\$				

CONSENT TO COLLECT, USE, AND DISCLOSE PERSONAL INFORMATION

I/We consent to the Current Credit Union disclosing personal private, credit, and account information about me/us, including social insurance number, date of birth, etc. (the "Personal Information"), to the New Credit Union so that the New Credit Union may offer and provide me/us with products and services from the New Credit Union and its affiliates and service providers. I/We agree that the New Credit Union may verify credit information, including reports from credit reporting agencies in connection with this referral, and use and disclose information about me/us for such purposes. I/We consent to the New Credit Union using my/our Personal Information as an aid to identify me/us for credit matching purposes. I/We understand that the provision of my/our Personal Information for credit matching purposes is optional and not a condition of service, and that I/we may ask the New Credit Union to stop using my/our Personal Information for credit matching purposes at any time. I/We also consent to my/our Personal Information being disclosed to and between the central credit unions in the provinces of both the Current Credit Union and the New Credit Union for the purpose of managing and administering the Member Referral Program and its related services. I/We understand that membership in the New Credit Union is subject to a membership application being completed and approved at the New Credit Union.

<input checked="" type="checkbox"/>	Member Signature	Date	<input checked="" type="checkbox"/>	Witness Signature	Date
<input checked="" type="checkbox"/>	Joint Tenant Signature	Date	<input checked="" type="checkbox"/>	Witness Signature	Date

FURTHER INFORMATION



central1marketing.com/MRP
 Fax: 604-730-6434