Alumni Club Membership Request

Date _____

Name _____ Account Number _____

Address _____ Birthday _____

City, State, Zip _____

Home Phone Number _____ Business Phone Number _____

Please enroll me in Vantage Credit Union's Alumni Club. I certify that my age qualifies me for membership and that I will maintain at least $5,000 on deposit with Vantage Credit Union, in one or more of the following accounts: Savings, Checking, Deferred Compensation Plan (DCP), Individual Retirement Account (IRA), or Certificate of Deposit (CD).

Signature _____

WEB 10/02