

ENROLLMENT FORM

Must complete and return form in order to be enrolled in class.*

about financial survival in		Alliance TEEN XTREME CLASS so I can learr
Student Name(plea	use print)	
Street Address		
City/State/Zip		
Phone	e-mail	
Age School you	currently attend	
Grade level	GPA (option	al)
As a member of Members		currently have a savings a MACU member
1:00p.m. at Members (corner of Alpine & H	Alliance Credit Uni arrison). Registrat I 4 hour class to rece	rning, March 18, 2017, 9:00a.m. to ion, 2550 S. Alpine Road, Rockford ion closes Monday, March 13, 2017. ive completion certificate.
Parent's name		
(please	print)	
Parent's signature (signifie	s consent)	Members Alliance
Your future plans? Attend a 4-year collegent Attend a 2-year common Not sure yet Enlist in military servi Join the workforce	nunity college	Please drop off your completed form at any MACU location, or mail to: MembersAlliance Credit Union ATTN: Anna Hauck 2550 S. Alpine Rd. Rockford, IL 61108