

ENROLLMENT FORM

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

about financial survival in the real world!	bersAlliance TEEN XTREME CLASS so I can learn
Student Name(please print)	
Street Address	
City/State/Zip	
Phone e-mo	ail
Age School you currently attend	
Grade level GPA (op	otional)
As a member of MembersAlliance Credit Union checking account I am not current	
to 1:00p.m. at Members Alliance Cre	•
Parent's name(please print)	
Parent's signature (signifies consent)	
rai ent s signatul e (signifies consent)	MembersAlliance
Your future plans? Attend a 4-year college/university Attend a 2-year community college Not sure yet Enlist in military service Join the workforce	Please drop off your completed form at any MACU location, or mail to: Members Alliance Credit Union ATTN: Anna Hauck 2550 S. Alpine Rd. Rockford, IL 61108