



Member Referral Form

Current Member

Name of Current Member: _____

Heritage Grove Member Number: _____

Member's Address: _____

Daytime Phone: _____ Email: _____

Name of Person Being Referred: _____

New Member

To qualify for the \$25 Refer a Friend bonus, you are required to open a checking account. (Youth accounts do not require a checking account.) See Refer a Friend Program requirements and guidelines for further information. If the referred individual's account is closed within six months of opening, the \$25 Ownership Share Deposit required to become a member will not be returned at the time of account closure.

Name of New Member: _____

Heritage Grove Member Number: _____

New Member's Address: _____

Daytime Phone: _____ Email: _____

New Member Signature: _____

Heritage Grove Staff Name: _____ Date Account Opened: _____

For Internal Use (rev 4/19)

Accounting: _____

(Current Mbr: SD "Refer a Friend". Post to G/L 274030. New Mbr: Post to G/L 274020, G/L comment: Member's full name)