



# CECU MEMBERSHIP REFERRAL FORM

As part of CECU's Membership Referral Programme, you are kindly asked to complete the form below. This will enable us to correctly track referrals and assign corresponding awards.

## ***Member's Information:***

**MEMBER'S NAME:** \_\_\_\_\_  
(First Name) (Surname)

**ASSOCIATED COMPANY:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

## ***Referee's Information (to be completed by the Member):***

**NAME:** \_\_\_\_\_  
(First Name) (Surname)

**RELATIONSHIP TO MEMBER:** Immediate Family\*  Colleague at Associated Company

**COMPANY NAME:** \_\_\_\_\_  
(If being referred through an associated company)

**E-MAIL:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

*\*Parents, siblings, spouse, children.*

\_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Date)

## **FOR OFFICIAL USE ONLY**

**Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_  
(Marketing Manager)

**Application Approved:** Yes  No\*  \*If no, state reason: \_\_\_\_\_

**Amount to be credited on Member's Share:** \$ \_\_\_\_\_ **Date of Credit:** \_\_\_\_\_