

LETTER OF INTRODUCTION

HealthNet FCU grants membership to a spouse, mother, father, sisters, brothers, children and grandchildren of a current credit union member in good standing. By signing below I certify that _____ is my
(family member's name)

_____ and is eligible to join the credit union based on my
(relationship)

current valid membership with the credit union.

(Member signature)

(Member Number)

(Date)

(Credit Union Staff Signature)