

Member Recruitment and Promotion

I would like to recommend the following person to become a member of Harlowsave Credit Union Limited.

Name _____

Address _____

Post code _____

I understand that once the above named person completes an application form and saves for eight weeks with Harlowsave, I will have £5.00 deposited into my account.

Signed _____

Print name _____

Membership No _____

Please send this completed form to the Harlowsave Credit Union office and feel free to make as many blank copies as you wish.

For Harlowsave purposes:

Date received in office: _____ Entered onto system: _____ Processed by: _____

[Secure Savings](#) | [Ethical Investments](#) | [Low Cost Loans](#) | [Young Savers Accounts](#) | [Profit Sharing Dividends](#)
Office: 01279 452686 Members' Line: 01279 451234 Email: admin@harlowsave.coop Web: www.harlowsave.coop
Registered Office: The Central Library, Cross Street, Harlow CM20 1HA