SECURITY FIRST CREDIT UNION KID'S CLUB REGISTRATION FORM

Registration form for members ages 5 - 12.

Completed form must be dropped off at a SFCU branch or mailed to: Security First Credit Union, ATTN: Marketing Department, P.O. Box 4829, McAllen, TX 78502.

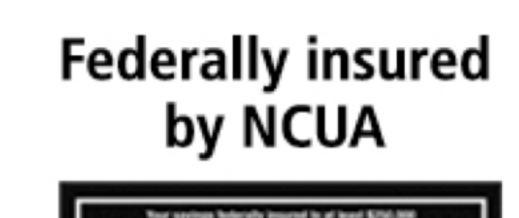


Child Name:	First Name	Middle Initial		Last Name	Suffix
Account Number: _		Age:		Date of Birth:	
Favorite:	Color		Activity	Movie Char	acter
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Mailing Address:	Street	Cit	. y	State	Zip Code
Parent/Legal Guard	dian Name:	First Name	Middle Initial	Last Name	Suffix
Relationship to Member:		Account Number:			
Home Phone		Cell Phone		Work Phone	
E-Mail:					

TERMS AND CONDITIONS

I certify that I am the parent/legal guardian of the member above and that all of the information required above is complete and correct. I agree to notify SFCU of any changes to names, addresses, phone numbers and e-mail addresses.

Parent/Legal Guardian Signature: ______ Date: ______ Date: _____



NCUA