



Select Employer Group Referral Form

Employee Name: _____

Referral Info:

Business Name: _____

Type of Business: _____

Contact Person: _____ Title/Position _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Number of Employees: _____

Date spoken to: _____

How do you know this business/person?

Personally _____ Professionally _____ Explain: _____

Is anyone at this business currently a credit union member? (Circle one)

Yes No Not Sure

How interested is the contact person? (Circle one)

1. Very Interested (ready now)
2. Interested (needs to speak with someone)
3. Somewhat Interested (just looking)
4. Not Very Interested (can be convinced with some follow-up)

Additional Notes:
